

Phenomenology of Embodied Dreamwork with Puerto Rican Women

A DISSERTATION

(submitted by)

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In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

LESLEY UNIVERSITY
May 2010



Lesley University
Ph.D. in Expressive Therapies Program

DISSERTATION APPROVAL FORM

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Dissertation Title: Phenomenology of Embodied Dreamwork with Puerto Rican Women

School: Lesley University, Graduate School of Arts & Social Sciences

Degree for which Dissertation is submitted: Ph.D. in Expressive Therapies

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ACKNOWLEDGMENTS

Many have supported me in this endeavor. First, I would like to thank the women who participated in this study: Orquidea, Rose, Tulip, Lilac, Carnation, Rosa Blanca, Red Rose, and Amapola. *Gracias!* Your painful experiences and strength, dreams, voices, and images have enriched my life, and I hope will benefit other Latinos, therapists, and educators.

I would especially like to thank my committee chair, Dr. Robyn Cruz, who has been unfailingly generous with her time, encouragement, and teaching. To Dr. Julia Byers, thanks for your insights on art as praxis and research and to Dr. Deborah Harper, thank you for your guidance and vital suggestions.

Special thanks go to Robert Bosnak for his intensive trainings on embodied dreamwork. I am also deeply indebted to Dr. Ana Echevarria-Morales for her extraordinary help with Puerto Rican culture and language consultation.

I would like to thank the Expressive Arts faculty members at Lesley University, who shared their wisdom with me, and the librarians who directed me to unlimited resources.

I am deeply grateful to Daniel Newman for his unending support in creating my dissertation group. Thanks for your help, consistency, and professionalism.

No matter how many obstacles I encountered, I always had the support of two cherished colleagues and friends, Hyejin and Denise. Your art-making sustained me and your dedication kept me engaged. Thank you.

Along this journey, I have been deeply held by women at Wisdom's Goldenrod Center for Philosophic Studies Women's Myth Group, particularly, Elaine, Janet, Lenore, Barbara, Harriet, Marge, Andrea, and Amy. I cannot thank you enough.

I am greatly thankful for the enthusiastic support I have received throughout my studies from my beloved spouse, Gita, and her parents, Prabha and Ramamurthy.

Finally, I would like to thank my mother, Clara, whose energy I have inherited to complete the work.

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ABSTRACT

The author investigated the experience of embodied dreamwork. Participants were eight Puerto Rican women who were chronically ill, of low socioeconomic status, who lived in Boston. The data were analyzed using transcendental phenomenology. Each participant engaged in one embodied dreamwork–unstructured interview session lasting approximately 1.5 hours. In addition, each participant drew a picture of how she felt after the dreamwork interview. This snowball, purposive sample gave detailed information about how they experienced embodied dreamwork. The participants’ statements were grouped into themes: (a) sense of place—environment, surroundings, spatiality; (b) the players—self, others; (c) plot; (d) in the sea of emotions—naming affective states; (e) the body speaks—somatic experience; (f) complexity—multiple affective states; (g) making meaning (*atando cabos*); (h) visual expressions; (i) self disclosures—*desahogo* (unburdening); and (j) cultural beliefs—*de allá para acá* (from there to here). As an expressive therapy, embodied dreamwork is grounded in the mind-body connection. This connection supports the making of meaning from the dreamwork. By being more aware of ambiguities, embodied dreamwork facilitates being less reactive to external cues. Embodied dreamwork may have applications in the treatment of anxiety, depression, bereavement, and trauma. The significance of this research contributes to the fields of psychology, Latino studies, and expressive arts therapies with chronically ill women.

By including ethnic-specific studies, this investigation contributes to culturally sensitive mental health care. The study is limited to the experience of the participants

and may not represent other Puerto Rican women of low socioeconomic status who are chronically ill.

CHAPTER 1

INTRODUCTION

According to the U.S. Census, the Latino population is expected to be the largest minority in the United States by 2010. Puerto Ricans comprise the second largest Latino group. There are approximately four million Puerto Ricans living in the mainland United States and approximately 200,000 reside in Massachusetts (U.S. Census Bureau, 2009). As U.S. citizens, Puerto Ricans can travel with ease between the island of Puerto Rico and the mainland. Many go to the mainland United States to visit, some go to stay, and others move back and forth in a pattern of circular migration. About 26% of Puerto Ricans living on the island live below the poverty level (Ramirez & de la Cruz, 2002) and move to the mainland as an economic strategy (Perez, 2004). Unfortunately, for some, migration creates confusion of identity and a sense of homelessness. This groundlessness has social, political, and health implications. Families can be divided between Puerto Rico and the mainland, which causes stress. Adding to the challenges, although English is taught in Puerto Rican elementary schools, many new arrivals to the mainland have language barriers, limiting their employment options and access to health care (Marzan, 2009).

Statement of the Problem

Dreams and their interpretation have been used for centuries for healing (Eudell-Simmons & Hilsenroth, 2007; Van de Castle, 1994), prediction, problem solving, and therapy (Mileusnic, 2005; Moon, 2007; Smith-Cerra, 2007; Van de Castle, 1994).

However, dreamwork has seldom been researched as a therapeutic modality with Latinos.

This study used an *embodied dreamwork* technique (Bosnak, 2007) to explore the participants' understanding of the phenomenon and to bridge this gap in knowledge.

Purpose of the Study

In this phenomenological study, I aimed to delve deeply into the lived experiences of eight low socioeconomic, chronically ill, Puerto Rican women who engaged in embodied dreamwork. I wanted to know how the phenomenon of embodied dreamwork was experienced by this specific cultural group. Embodied dreamwork uses the body to anchor the feelings arising from the dream images. In other words, the body becomes the locus for the emotional experience of the dream. The dreamwork is experienced in a *hypnagogic state*, a state between sleep and wakefulness. During the dreamwork, the dreamer is asked to focus on the multiple sensations arising from the images. The dreamworker, or therapist, serves as a coach, asking the dreamer questions to help amplify the dream images. The technique is not interpretative. Rather, it supports the dreamer in linking sensory experiences of the dream to corresponding affective and somatic states.

Nature of the Study

I used a phenomenological design to obtain the unique words the participants used to describe their experience of dreamwork. By examining the lived experiences of these eight women with respect to embodied dreamwork, the essence of the phenomenon of embodied dreamwork was explored (Moustakas, 1994). The data were analyzed qualitatively, and Latina borderland feminist writings (Anzaldua, 1987; Ortega, 2001, 2008; Santiago, 1993) were used to frame the study. Through the voices of the participants, I found that embodied dreamwork allowed the dreamers to (a) have vivid

experiences of their dreams in an “as if” state; (b) remain focused on the present by becoming aware of the body sensations connected to multiple affective states; (c) relate to dissonant and harmonious parts of themselves; (d) disclose; (e) open themselves to life with ambiguities, and not narrowing life to polarities; (f) make meaning of the dreams by associating dream elements to life events; (g) maintain their cultural beliefs about dreams; and (h) gain agency.

Research Questions

The overarching research question is *how do these eight low socioeconomic-status, chronically ill Puerto Rican women living in the borderland, Boston, experience the phenomenon of embodied dreamwork in a hypnagogic state?* Further research questions helped to explore (a) how embodied dreamwork facilitates staying conscious of bodily sensations in the here and now, (b) how Puerto Rican women interpret their objective reality via embodied dreamwork, (c) how culture impacts dreamwork for these women, and (d) what nonverbal images arise or remain after dreamwork.

Contribution of the Study

This study breaks new ground in the understanding of dreamwork in Latinos, an area in which little has been published. In reviewing the research, I found only two articles on Latino dream exploration, an anthropological study on bicultural dreaming, one article on the dream culture of the island of Dominica, and two articles on the nightmares of Puerto Ricans. Only two of these published studies related to the psychological aspect of working with dreams. The rest focused on sociology and anthropology. A single peer-reviewed article on embodied dreamwork was found. There are four books by Bosnak (1988, 1989, 1996, 2007) on the subject. It is my hope that this

study will help to fill a gap in the literature on dreamwork. Another possible contribution of this study is to promote a better understanding by mental health workers of the lived and the inner experiences of Latino women. If dreamwork is a cultural fit for Puerto Rican females, it could be used to address mental health issues in other Latino populations.

Dreams are, at their very essence, creative expressions, because the dreamers create, as in a theater, all the characters, all the objects, and most notably, their personal dream environment. Thus, another goal is to stimulate educators in the expressive arts therapies to include dreamwork in their curricula.

I have come to this research topic from a desire to understand what role, if any, expressive arts therapies in the modality of embodied dreamwork can play in well-being. Expressive arts therapies invite the clients to be “active participants” in their healing and to use the “imagination in corrective and productive ways” (Malchiodi, 2007, p. 14). Foremost, embodied dreamwork, like other expressive arts therapies, is rooted in “art/playspace ... being both imaginal and embodied” (Johnson, 1998, p. 98). In addition, the dreamworker, as other expressive therapists, is a witness to the activity of the client. As an expressive therapist, the dreamworker has to be centered to engage in “therapeutic attunement” or “harmony” (Kossak, 2009, pp. 13–14). Similar to dance/movement therapy, the goal of embodied dreamwork is to further the “emotional, cognitive, and physical integration of the individual” (Malchiodi, 2007, p. 3).

Embodied dreamwork further resembles movement therapy in that movement can be internal, when the dreamers concentrate on an affective state, or external, when dreamers make involuntarily movements in response to feelings. Whitehouse (1995)

commented that movement therapy facilitates finding parts of the body “that are available, do not move, [or] are not felt” (p. 245). Another expressive arts therapy that is similar to embodied dreamwork is poetry therapy, because it uses the language of metaphors. However, unlike poetry therapy, embodied dreamwork does not provide a poem for the client to reflect on, nor do the clients have to write; the images are created purely by the dream. Most importantly, dreams are like a theater of the imagination, and similar to drama therapy. In embodied dreamwork, the dreamers engage with their own characters and interchanging roles. The dreamworker, like the drama therapist, provides a safe environment for the dreamers to explore these characters. As in drama therapy, embodied dreamwork lets the dreamers experience “paradoxical states of being” (Landy, 1997, p. 8) and live with contradictory roles (Landy, 2000; Leeder, 2006). However, in embodied dreamwork, the dreamers are their own directors.

This study contributes to the literature in three ways. First, the focus is on Puerto Ricans, a Latino subgroup that has received little attention in the study of dreamwork. Second, the emphasis is on the phenomenon of embodied dreamwork, an understudied topic. Third, the study focuses on the experience of eight chronically ill, low-socioeconomic-status Puerto Rican women. The study contributes to the limited empirical literature on embodied dreamwork and use of expressive arts therapies with chronically ill women. Because of its unique focus on Puerto Ricans’ experience as immigrants, the study may have applications to other immigrants. By reading these women’s accounts, I hope others will learn about the phenomenon of dreamwork as a nontraditional treatment for this population and that other researchers may feel inspired to further its study.

Assumptions and Limitations

I assume that dreamwork as a modality of expressive therapy is not solely for those with advanced psychological fluency. While working at a nonprofit organization that serves immigrants, I often saw clients who were poor and who showed mental and physical symptoms. I introduced expressive arts therapies, such as relaxation, image work, art, sound, and movement, in psychoeducational groups to illustrate a particular topic. When I used expressive arts therapies, the clients became engaged and energized.

As a researcher, I entered this study with perspectives drawn from more than a decade of experience. I came to be interested in this topic based on my own involvement as both dreamer and dreamworker. I had introduced expressive arts in work settings, such as a college counseling center, private dual-diagnosis groups, and a nonprofit organization. I facilitated embodied dreamwork in an ongoing group, and co-facilitated teaching dreamwork to residents in psychiatry. At the same time, I continued my own evolution through embodied dreamwork. I participated in monthly didactic and experiential dreamwork trainings for several years. After the 2001 World Trade Center attacks in New York City, I became a volunteer for the newly created National Nightmares Hotline. One bias I bring stems from my belief that embodied dreamwork is creative and transformative.

That I am a woman, a Latina, and an immigrant may further bias this study. As a Dominican immigrant, I am familiar with patterns of circular migration as well as with extended migration, dislocation, and adjustments. I can easily see myself reflected in the lives of the participants. I assume that although immigrant Latinas may lack financial

resources, they aspire to live better, more authentic lives. One of my strongest biases is a belief that expressive arts therapies can be healing.

This phenomenological study was limited to eight particular women, all of whom had low socioeconomic status, were chronically ill, and are Puerto Rican. In order to facilitate the interviewing process, I interviewed participants only from Boston, thus excluding a broader sample of population. There are limitations on the generalizability of this study. The study focused on women's experiences and excluded men's experiences of dreamwork. However, the study has potential to throw light on theories about Latina women and how they function with chronic illnesses and poverty. In addition, the study can reveal how the participants in the study used the experience of dreamwork and expressive arts to bring themselves to new awareness. The emergent themes may be relevant to other immigrant women. Furthermore, the results may inform the design of future studies.

CHAPTER 2

LITERATURE REVIEW

Introduction

The literature is replete with research on dreams, dreaming, and dream interpretation encompassing many cultures and uses in psychotherapy (i.e., Bauman & Hill, 2008; Eudell-Simmons & Hilsenroth, 2007; Lee, 1994; Moon, 2007; Sabalatura, 2001). There are far fewer studies on noninterpretive methods of dream analysis and, to date, a single one on embodied dreamwork. According to the U.S. Census, the Latino population is expected to be the largest minority in the United States by 2010 (U.S. Census, 2000). There are four million Puerto Ricans living in the mainland United States, primarily in the Northeast. Despite the current trend of increased Latino population in the United States and the many studies on mental health, there have been few studies about working with dreams with Latinos in the United States.

With a partiality toward managed care, dreams have become a “marginalized therapeutic intervention” (Mileusnic, 2005, p. 2) in favor of more behavioral-oriented approaches. However, neurobehavioral scientists (Kahn & Hobson, 2005; Nir & Tononi, 2010; Todman, 2008), anthropologists (Jacobson, 2009; Littlewood, 2004; Mimica, 2006; Tedlock, 2007; Wax, 2004), poets (Campbell, 2009; Inboden, 2008), visual artists (Cole, 2002; Powers, 2001), philosophers (Lee, 2007; Schoenfeld, 2007), and psychologists (Barcao & Rizzi, 2008; Crook Lyon & Hill, 2004; DPhil, 2002) continue to study or to be inspired by dreams.

Maduro (1976, 1982) suggests the importance of culture-specific dreamwork. Anthropologist Barbara Tedlock (2007) posits that dreams are a useful communication

tool to “understand one’s consciousness and culture as well as the consciousness and cultures of others” (p. 60). Jacobson (2009) advances the significance of culture in the interpretative process of nightmares in Puerto Rican community. He suggests researchers notice the “importance of notions such as worldview and behavioral environment for culturally contextualizing the experience, interpretation, and sharing of these events” (p. 284).

Embodied dreamwork is a non-interpretive method of working with dreams developed by Robert Bosnak (1988). Embodied dreamwork uses dreaming as the paradigm for working creatively with the imagination. The images and environment are taken to be alive. The dreamer focuses attention on the dream images, enters a hypnagogic state of consciousness, between sleep and waking, and experiences the dream “as if” it were occurring in the present. By means of questions, the images are amplified and the dreamer anchors the feelings associated with the images in a sensorial state in the body. The literature search produced one peer reviewed study on the subject (Bosnak, 2003) and four books by the same author (Bosnak, 1988, 1989, 1996, 2007), as well as two books on the use of embodied dreamwork in theater (Lipsky, 2008; Sonenberg, 2003). Although embodied dreamwork has been introduced in Australia, Iceland, China, Brazil, Japan, the United Kingdom, South Africa, and Mexico—and has been made available through the Internet since 1998—no reference was found for embodied dreamwork and the Latino population in the United States.

It is well documented that migration causes distress and dislocation (Garza-Guerrero, 1974; Ortega, Feldman, Canino, Steinman, & Alegria, 2006; Partida, 1996). Unlike other immigrants, Puerto Ricans have a unique relationship to the United States

because the island is a commonwealth territory of the United States and, thus, Puerto Ricans are U.S. citizens. Due to their particular legal status, Puerto Ricans, unlike other Latin American immigrants, move to and from Puerto Rico without need for legal documentation. In this regard, Puerto Ricans are more like Hawaiians and Pacific Islanders who are citizens although they may live outside of the continental United States (Acevedo, 2004). Puerto Ricans carry on three types of migration: leaving the island and returning only to visit relatives, leaving the island and returning after a lengthy stay in the mainland, and moving back and forth between the island and the mainland (Godoy, Jenkins, & Patel 2003). The latter, *circular migration*, can be a traumatizing experience. For a few, the migration involves a loss of status, or “downward mobility” (Grundler, 1999, p. 12), and for others increased job mobility (Duany, 2002, Marzan, 2009). While the poverty rate has declined for the sector of the Puerto Rican population that has attained higher education (Acosta Belen & Santiago, 2006), poverty remains a problem due to unemployment and an inability to procure “decent affordable housing” (Perez, 2004, p. 215). Immigration can affect the sense of identity (Duany, 2002) and have adverse psychological implications, such as anxiety, depression, and loss of self-esteem (Comas-Dias, 1987).

Compared with other ethnic groups, Puerto Ricans have a higher risk of mental distress (Bratter & Eschbach, 2005). In fact, compared to other Latino subgroups, Puerto Ricans have a higher lifetime prevalence of any depression, anxiety, and substance abuse (Alegria et al. 2007, 2008). Furthermore, Puerto Rican women between the ages of 25 and 64 have a greater adjusted-hazard ratio for all cause mortality compared with other Hispanic subgroups, non-Hispanic white women, and Puerto Rican men (Borell &

Crawford, 2009). Symptoms caused by dislocation can range from mild to severe stress, anxiety, depression, and dissociative episodes, by which the person is abstracted by thoughts.

Embodied dreamwork demands that the dreamer stay conscious of the body sensations produced by the dream images. The dream is not interpreted but revisited from an “as if” state. In this type of dreamwork, the dreamer reencounters the dream characters, events, and environment, thereby getting information that was not possible from a wakeful perspective. This type of dreamwork is analogous to complexity theory in that it is nonlinear and unpredictable and in that the more information networks that form, the more malleable or flexible the system is.

No one knows the true significance of dreams. This study does not presume to answer long-standing questions about why people dream nor about dream physiology. Instead, the study focuses on the phenomenology—the subjective experience—of sharing and exploring dreams in the context of embodied imagination. Specifically, the study focuses on embodied dreamwork, a technique developed by Bosnak (1988).

To be embodied is “to give bodily form to; to make concrete” (Agnes & Guralnik, 2001, p. 464). Because embodied dreamwork hinges on embodying the images, Bosnak (2007) describes embodied imagination as: “imagination [that] has efficacy and has the tendency to embody itself, not only in dreams, visions, and works of art, but in our relationships, environment, and politics” (p. 29).

While there are many studies documenting the use of dreams in psychotherapy, the value of dreams to clients (Pesant & Zadra, 2004) as well the usefulness of dreams in treating clients who have difficulty accessing their feelings—as in trauma (Fleming,

2006; Reiner, 2004; Shore, Orton & Mason, 2009; Valli, Rovonsua, Palkas, & Punamaki, 2006), eating disorders (Knudson, 2006), cancer (Goelitz, 2001), life transition (Goelitz, 2007), mood disorders (Capps, 2008; King & DeCicco, 2007), and addiction (Southern, 2004)—there is a gap in the literature that is ethno-specific. In spite of the intellectual interest in dreams and the relevance dreams may have for mental health, no citation was found for therapeutic dream use with Puerto Ricans. Expanding the search to include the Caribbean region, I found one study about dream interpretation on the island of Dominica. Noninterpretive methods of dreams are fairly new and, for this reason, only one peer-reviewed study (Bosnak, 2003) for embodied dreamwork was found.

Latinos, as other immigrants, are traumatized by the experience of migration, which causes dislocation. Puerto Ricans who move back and forth between the island and mainland in a circular migration can experience several periods of dislocation and readjustments. Embodied dreamwork facilitates staying aware of one's present state and circumstances, being mindful of the sensory states as the dream characters and environment come alive.

This literature review supports the value of a study of the phenomenon of embodied dreamwork and how it is experienced by Puerto Rican women. This review bridges the gap in the literature on both embodied dreamwork and ethnic-specific dreamwork with Puerto Ricans on the mainland. An important goal of public health is that of ensuring the quality of health care for all groups regardless of gender, ethnicity, and socioeconomic status (U.S. Dept. of Health and Human Services, 2000). By including ethnic-specific studies, this review helps contribute to a culturally sensitive mental health care. A general introduction about dreams and culture provides the reader

with explanations of how customs and ideas influence the daily lives of the dreamers and how dreams are used by various groups of people, particularly how dreams are used in Puerto Rican culture.

The review is organized according to several categories. There are several rationales for these categories. A brief synopsis of the two most influential dream interpretation theorists, Jung and Freud, shows the historical antecedent to embodied dreamwork. In order to understand the importance of multiplicity in embodied dreamwork, the analogy of complexity theory is explored. Of particular relevance is the in-between space where dreamwork takes place, the liminal space between wakefulness and sleep within which multiple separate identities and states of mind (such as fear or depression) can meet. This liminal, or in-between, space offers room for apparently fixed, rigid ways of being to become more fluid and responsive. One theme explored in this review is that of cultural identity among Puerto Rican women who have emigrated from the island to the U.S. mainland. The question of identity is supported by generic literature of the immigrant experience by the narratives of Latina feminist theorists and “borderland” writers.

Dreams and Culture

Culture refers to the “ideas, customs, skills, arts, etc. of a particular people or group that are transferred, communicated, or passed along, as in or to succeeding generations,” (Agnes & Guralnik, 2001, p. 353). Throughout history, dreams have been the object of speculation. Dumuzi, ruler of Mesopotamia in 3000 BC, offers an example of dream use in early Western civilization (Hoffman, 2004; Wolkstein & Kramer, 1983). Following is Dumuzi’s dream and his appeal for interpretation:

Dumuzi called out:

Bring my Gestinanna, my little sister ... my wise woman who knows the meaning of dreams.

Dumuzi spoke to Gestinanna, saying:

A dream! My sister, listen to my dream: Rushes rise all about me; rushes grow thick about me. A single growing reed trembles for me. From the double-growing reed, first one, then the other is removed. In a wooded grove, the terror of tall trees rises about me. Water is poured over my holy hearth. The bottom of my churn drops away. My drinking cup falls from its peg. My shepherd's crook has disappeared. (Wolkstein & Kramer, 1983 p.75)

This excerpt may be a literal account of Dumuzi's dream or "a dream report from early recorded poetry" (Hoffman, 2004). What is relevant is that dreaming takes place within a particular context or culture.

Dreams may be private or personal to the dreamer and are influenced by the "realities of the culture" (Hoffman, 2004, p. 240) within which the dreamer lives. What dreams mean or how they are used varies according to the culture. For example, in his study of the Sanoi people of Malaysia, Greenleaf (1973) found dreams to be used as tools for carrying on social projects, such as new dances for the community. The Sanoi do not interpret dreams, they interact with the dream figures. If the dreamer hurts a dream character that the dreamer knows in wakeful life, the dreamer gives a gift to that person, or if the dreamer is injured in the dream by a person known to the dreamer, upon waking, the dreamer shares the dream with that person and receives a gift. In his critique of neoshamans, Chidester (2007) reports that original Zulus of South Africa used dreams as

a “call to action” (p. 138) to continue exchange between the living (sacrifices) and the dead ancestors (gifts). As such, for traditional Zulus dreams had meaning but the images in the dream were not interpreted as the neoshamans of today. Dreams were integrated into the society as “sacrificial exchange” (Chidester, 2007, p. 138).

Little research has been done to examine how people in the islands of the Caribbean understand dreams. A recent study by George-Joseph (2008) suggests that dreams in the Caribbean island of Dominica require a shaman for interpretation, because the source of dreams is supernatural. George-Joseph also proposes that dream interpretation in Dominica is influenced by West African, European, and indigenous cultures.

My literature search revealed only two studies, both by Jacobson, on the nightmares of Puerto Ricans. Jacobson (2009) acknowledged the importance of cultural behaviors and noted the influence of *Espiritismo* and Afro-Caribbean religions on the dream conceptualization of Puerto Ricans. He categorized the nightmares of Puerto Ricans in his sample study as follows: (a) sleep paralysis visitors with an “oppressive presence” (p. 275), (b) sleep paralysis with sexual visitation, (c) chase or frightened flight, (d) loss and grief, and (e) post-traumatic events. The latter occurred with participants who had suffered sexual abuse or trauma (p. 282).

Although there are few studies about dream beliefs in the Caribbean, and specific to Puerto Rico, it seems reasonable to propose that African, European, and indigenous Taino peoples have influenced the Puerto Rican dream belief system. The Tainos worshipped *Atabey*, a female goddess (Jimenez de Wagenheim, 1973), and believed in ancestor spirits.

Unfortunately, shortly after Columbus's arrival in the New World, most of the indigenous Taino people were eradicated by the European colonizers (Jimenez de Wagenheim, 1973). It is assumed that those who survived lived hidden. Today, Taino culture persists in "spiritual beliefs ... and a few words incorporated into the Spanish language, e.g. *canoa* [canoe] (Jimenez de Wagenheim, 1973, p. 16).

African slaves were brought to the island to work on the sugar plantations. These slaves were primarily from West Africa or were Yoruba people (Jimenez de Wagenheim, 1973). Fanilola (1997) suggests that the Yoruba dream worldview assumes that the dream is "foolish" (p. 1) or nonexplicit; the dreamer has to supply additional information to receive an interpretation. For the Yoruba, the dream can be interpreted as a divination. For example, if one dreams of a goat running away, it may be a prediction that, in the future, a goat may run away. The dreamer is a "clairvoyant who is given a special gift" (p. 3) of insight. Second, the dream may mean the opposite of the event in the dream. For instance, if someone dreams of being at a funeral, the interpretation is that the dreamer may be going to a wedding. Third, the dream has "symbolic meaning" (p. 3). In this situation the interpreter uses "mythic beliefs" (p. 3) and dream symbols. For instance, if a dreamer is being chased by an animal, in wakeful life the dreamer may be chased by enemies.

The Yoruba people influenced the religious belief system of Puerto Rico and the other Caribbean islands with their mythological pantheon. The slaves adopted the Catholic religion, but superimposed their *orishas*, or gods, onto the Catholic saints. For instance, the African deity *Changó*, god of thunder (Fernandez, Mendez-Mendez, & Cueto, 1998, p. 300) was worshipped as Saint Barbara. The Spaniards, fearing revolt

from the slaves, banned the religious ceremonies. Nevertheless, the Yoruba traditions continued to be practiced in secret and have survived into the present. In recent times, Puerto Ricans have become more open and accepting of their African roots. As a consequence, the negative stigma associated with African-Latino religions such as *santeria* and *brujeria*, witch-healers, (Romberg, 2007, p. 77) no longer exists. An important aspect of the Afro-Latino religions is that, unlike the Catholic religion, they emphasize the “here and now” (Perez y Mena, 1998, p. 15) instead of the afterlife. Nowadays, some Puerto Ricans on the island and the mainland continue to consult healers to find practical solutions to their problems. For instance, in the practice of *espiritismo*—a healing cult that uses primarily Catholic saints, as well as African deities—participants consult about emotional and social problems through mediums and rituals (Prorock, 2000). The *Santeros* or *brujos* use divinations, including dream interpretation. Thus, Puerto Rican beliefs have been influenced by indigenous inhabitants and Spanish Catholicism, as well as by the beliefs held by African slaves.

Maduro (1976) recognizes the importance of ethnic origin as part of the therapeutic process. In his study of Jungian dreamwork with Latinos, the journey motif served as compensatory function for the part of the ego that has not been recognized in the dominant culture. Accordingly, “part of the ego journeys to make contact with its symbolic origins” (p. 153) to solve conflicting internal and external “socio-cultural reality” (Maduro, 1982, p. 609). Similarly, Hoffman (2004) suggests that dreamworkers should pay attention to the dream environment, as well as to the sociopolitical, philosophical, and religious perspectives of the particular culture of the dreamer. In a like manner, Mileusnic (2005) supports taking into consideration the culture of the

dreamer. Furthermore, Curci & Rimé (2008) demonstrated that sharing highly emotional content of dreams serves to “bring individuals closer together” (p. 165) through increased social interactions. These observations are echoed by Lippman (2008) who suggests that the act of sharing dreams serves to preserve the culture as well as the “dreamer’s place in society” (p. 53). For example, in ancient Mesopotamia, Dumuzi’s dream served to preserve the tradition of ritual calendar. Dumuzi’s death and burial correspond to the spring equinox and his resurrection from the underworld to the Fall Equinox (Hoffman, 2004, p. 244).

Throughout recorded history dreams found a place as divination, creative inspiration, healing, and problem solving (Mileusnic, 2005; Van de Castle, 1994). Contemporary societies continue to be curious about dreams. Dreams are used in psychotherapy, as well as in literature, music, art, philosophy, anthropology, history, and sociology (Mileusnic, 2005; Vand de Castle, 1994).

Presently, there are many approaches to dream interpretation. These methods are primarily grounded in the works of Freud and Jung. This study does not focus on interpretation but acknowledges the remarkable and seminal work of these theorists. This study acknowledges, but will not address, the many indigenous ways to interpret dreams by different populations.

Summary of the Dream Theories of Freud and Jung

Although this study does not focus on dream interpretation, it is important to give a brief account of the dominant dream theories that have been used in the Western world from the twentieth century to the present. With Freud’s publication of *The Interpretation of Dreams* in 1900, there was a renewed interest in dreams (Howell Barker, 2000)

throughout Europe. According to both Freud and Jung, dreams required a professional for interpretation.

Freud and dream analysis. Freud (1950/1994) believed dreams were the “royal road” (p. 459) to understanding the unconscious. Freud suggested that dream material come from day time life “wish-impulses” (p. 409) including “unsolved problems, harassing cares, overwhelming impressions” (p. 410). These residues are “connected with the psychic residues that are significant for the dream” (p. 137). The unconscious mind “repressed” (p. 51) unpleasant memories or trauma. Dreams served as the “guardian of sleep,” (p. 133) protecting the dreamer from being conscious of instinctual desires. Because dreams are not explicit, they had to be analyzed in what Freud called “dream work” (p. 174). Freud used dreamwork to find the hidden or latent meaning of a dream from its manifest content, which, he proposed, was obscured by a number of processes: condensation, displacement, pictorial representation, and the construction of a dream façade.

Condensation refers to the compressing of dream material; “the dream is meager, paltry and laconic in comparison with the range and copiousness of the dream-thoughts” (Freud, 1950/1994, p. 175). The dreamer accomplishes this condensation by “omission” of dream thoughts (p. 178).

Displacement refers to the substitution of one thing for another. In Freudian dreamwork, the “dream content no longer has any likeness to the nucleus of the dream-thoughts, and the dream reproduces only a distorted form of the dream-wish in the unconscious. ... Dream-displacement is one of the chief means of achieving this distortion.” (Freud, 1950/1994, p. 199). Displacement can take place in a number of

ways. One involves pictorial representation, in which “abstract ... dream-thought” (p. 229) is exchanged for visual images. “Whatever is pictorial is capable of representation in dreams” (p. 229). Another way “latent thoughts” were disguised was through “symbolism” (p. 240).

In her studies on dreamwork and psychotherapists, Howell Barker (2000) describes how in a Freudian scheme the analyst elicits the dreamer’s associations to “unravel” (p. 23) the latent content, makes connections to the manifest content, and elaborates on the meaning of the dream.

Jung and dream analysis. Although Freud and Jung agreed on the validity of the unconscious, and Jung was mentored by Freud, their friendship ended abruptly. Jung disagreed with Freud’s insistence on dreams being wish fulfillment of sex drives. Jung believed dreams have a compensatory function of the unconscious. That is, dreams serve to make unconscious material conscious. The dreamer has access to the personal conscious, or the collective unconscious, that Jung ascribed to the repository of humanity. “We know every psychic structure ... has its own peculiar meaning and purpose in the actual process. This criterion must also be applied to dreams” (Jung, 1916/1974, p. 26). Jung distinguished Freud’s method of causality from his method, which he called finality. By finality, Jung meant that the dream has “a sense of purpose” or “strives for a goal” (Jung, 1916/1974, p. 27).

In contrast to Freud, Jung reduced the “dream-picture to its antecedents with the help of the dreamer’s recollection,” (Jung 1916/1974, p. 26). The dream picture consists of elements or “antecedents” such as the environment, characters, objects, and actions. Feeling is added as another element in the dreamwork by asking the dreamer questions

about why a particular object or scene presented itself at this time. Feelings are also taken into account and are “further intensified by the association of the additional material ... of the day before (Jung 1916/1974, p. 29).

Jung believed that the use of archetypal symbols, or images from the collective unconscious, help integrate the parts of ourselves that we are uneasy about. The most common archetypes are the wise old man, the hero, the child, power, the trickster, mother, sun, moon, fire, and animals (Jung, 1916/1974).

Giannoni (2003) goes further than Jung in explicating why Jung distanced himself from Freud. He explains:

The shift was from drive to self-realization; from reductionism to phenomenological attitude; from causality to purpose and meaning; from a sharp division between conscious and unconscious to an ongoing, more dynamic conscious-unconscious system; from analytical neutrality to the inevitability of the analyst's subjectivity. (p. 607)

Challenging Freud and Jung. It is the theory behind Freud and Jung that has dominated most of the dreamwork in the Western world. However, contrary to Freud, Jung, and their followers, proponents of the generic hypothesis (Hobson & Kahn 2007; Hobson & McCarley, 1977) believe that “dreaming consists of nonspecific automatic processes” (p. 857). The dreamer constructs dream plots from the social environment in order to create a unifying narrative from the “vasomotor hallucinations, delusional beliefs, thought impairments, emotional storms, and memory defects” (Hobson & Khan, 2007, p. 857) created by the dreaming brain. In a blind-study test, Hobson and Kahn (2007) confirmed that although dreams may contain personal and familiar information, that is,

friends and relatives, if that information were removed, judges could not tell whose dreams they were, and what remained would be a generic emotional commonality of humankind, such as “anxiety, anger, and elation” (p. 855). Hobson (2004) challenges the idea that the content of the dream is obscured by repression, as Freud argues, or that dreams have a compensatory function, as Jung believed.

Regardless of the function of dreams, a dreamer cannot share a dream if he or she does recall it. Recent studies show that the more intense the emotions in the dreams are, the more likely the dream will be remembered and shared (Curci & Rimé, 2008).

A New Paradigm—Embodied Dreamwork

Embodiment, as used in this study, refers to an awareness of mental processes, such as thoughts, feelings, emotions, urges, fantasies, and their manifestations in the corresponding body states, or incarnations. For example, anxiety (an internal mental state) is associated with sweaty hands and increased heart rate (body changes). Mary Whitehouse (1995), a dance/movement therapist, suggests kinesthetic sensations can be used as a tool that “informs us ... [and] if never developed or seldom used become unconscious and [lead] to distortions and a cutting off from instinctual functionality” (p. 245). However, this is not a unidirectional process through which the body is passively influenced by the mind.

The philosopher Maurice Merleau-Ponty (1962) proposed a nondual existence of the body. He suggested “we perceive the world with our body” (p. 239). And that it is through the process of proprioception that the psyche apprehends where the neighboring body parts are, as well as provides a sense of how the body relates to itself and the world. Evidence (Damasio, 1994; Kauffman, 1995) has made it clear that the conventional

understanding of separation of mind and body no longer holds true. Rather, there is a multidirectional flow of information from and to the environment, the body, and the mind. For example, holding a warm beverage (an environmental input) warms the hands (a physical body state) and also increases friendliness toward other people (mental state) (Williams & Bargh, 2008).

Moreover, recent studies in neuroscience (Gallese & Lakoff, 2005) suggest that body-based therapies are useful in “mobilizing implicit affect and making it available for explicit processing” (Lane, 2008, p. 216). Lane further suggests an emotional awareness (LES) model to unify mind-based and body-based therapies. He posits the existence of five levels of emotional awareness: “physical sensations, action tendencies, single emotions, blends of emotions, and blends of blends of emotional experiences (the capacity to appreciate complexity in the experiences of self and others)” (p. 216). Additionally, “emotional awareness levels correlate positively to empathy ability ... emotional intelligence, [and] tendency to seek help for emotional problems” (p. 217). In order to reach the fifth level of emotional awareness, that is, to understand complexity in the experience of self and others, it is necessary to achieve the first four levels of explicit and implicit (somatic) emotional awareness. Thus, it is not possible to appreciate complex emotional experiences in a disembodied state.

In disembodied states, then, the focus is on mental processes, to the exclusion of body awareness. On the other hand, embodiment demands that the person stays present in the body and is conscious of the emotions. In a recent study (Laitinen, Ettorre, & Sutton, 2007) with depressed women in Finland, those who committed to “doing pleasure” (p. 214)—activities such as writing, sports, group dynamic, and exercise—

improved their mood, versus those ruminating or “doing depression and focusing on the meaning of their emotions” (Laitinen, Ettorre, & Sutton, 2007, p. 215). Embodiment in the study became an agent for change. Similarly, Fullagar (2008) found that “emotions elicited through ... leisure practices resulted in different embodied relations (e.g., joy, pleasure)” (p. 42) that helped women recover from depression. Similarly, in her study of feminist therapists, Vasquez (2002) found that exercise helped Latinas with self-esteem and depression symptoms.

In psychosomatic illnesses, similar to disembodied mental processes, there is a lack of conscious awareness of the communication between body and mind. Psychosomatic illness refers to distress reflected by symptoms in the body. For example, studies show that Puerto Rican women experience *ataque de nervios* (Baer et al., 2003; Guarnaccia, Lewis-Fernandez, & Rivera, 2003; Guarnaccia, Rivera, Franco, & Neighbors, 1996; Hinton, Chong, Pollack, Barlow, & McNally, 2008) as a response to distress. Instead of becoming aware of the psychological pain, body symptoms become the focus of awareness. Similarly, in his study of nightmares of Puerto Ricans, Jacobson (2009) noted that “nightmares not only rehearse and replay former traumas, but also traumatize. ... they shock the person through affectively intense, embodied encounters with ‘others’ that have lingering personal, and often religious meanings” (p. 271). Hartman (1996, 1998) posits dreams “contextualize emotions such as terror, fear, vulnerability ... guilt” (p. 8) after trauma, and serve to weave new connections into the consciousness of the individual.

Mindfulness meditation encourages one to witness the body and mental states. According to psychiatrist and researcher D. Lovas (personal communication, December

23, 2008), mindfulness meditation has been demonstrated to be useful for psychosomatic illness. Mindfulness meditation has also been documented to be useful in coping with distress as well as serious physical and psychiatric ailments, such as chronic pain, fibromyalgia, and depression (Grossman, Niemann, Schmidt, & Walach, 2004). As with mindfulness meditation, embodied dreamwork encourages the dreamer to stay aware of body states.

Embodiment restricts itself to states in which one is aware, that is, conscious of the experience of mental processes such as feelings. In the context of body states, when one is not embodied, one is not aware. Therefore, to be present—that is, consciously receptive to thoughts, feelings, and body states—is to be embodied. Complexity theory anticipates that connections between multiple systems lead to more adaptive responses (Bosnak, 2007; Piers, 2005).

How then is embodiment used in the context of dreamwork? Embodied dreamwork is a therapeutic technique of working dreams, developed by Bosnak (1988), that is informed by phenomenology, Jung's (1968/1944) concept of "active imagination" (p. 167), and Hillman's (1975) work on "polytheistic psyche" (p. 30) as well as psychology as "process of the imagination" (p. xi).

Jung (1968/1944) describes imagination as "the real and literal power to create images" (p. 167). It is the "active evocation of inner images ... which does not spin aimless and groundless fantasies ... but tries to grasp the inner facts and portray them in images true to their nature" (p. 167). In his Tavistock lectures, Jung (1997) says, "fantasy is mere nonsense, a phantasm, a fleeting impression; but imagination is active, purposeful creation." (p. 145). Thus, when one concentrates and engages with the image,

“the image becomes enriched by details, it moves and develops” (Jung, 1997, p. 145).

Active imagination can be fomented through “dream or an impression of a hypnagogic nature” (Jung, 1997, p. 144).

Hillman (1975) rejects Jung’s idea that there is an organizing Self. However, he accepts Jung’s ideas of archetypes: “the deepest patterns of psychic functioning ... are axiomatic self-evident images” (p. xiii). To Hillman, as to Jung, archetypes are autonomous. Unlike Jung, Hillman demystifies the archetypes from being mythic gods to being inner forces. Accordingly, archetypes function as “guiding spirits with ethical positions, instinctual reactions, modes of speech, and claims upon feeling” (Hillman, 1975, p. 35). As such, the archetypes can rule a person’s complexes and life. Life becomes a “diversity of relationship” (Hillman, 1975, p. 35) with these energies. It is through the “lived psychology” (Hillman, 1975, p. 36) that we learn about archetypes. Furthermore, the dream as “underworld” (Hillman, 1979, p. 202) offers richness of depth to “the incurable condition of being human” (p. 202).

Similar to Jung’s notion of active imagination, embodied dreamwork is based on the premise that images in the dream are real (Bosnak, 2007). Thus, a dreamer reenters the dream setting through a hypnagogic state, a state between sleep and wakefulness, to revisit the dream in an “as if” experience. The body becomes the receptor of emotions and feelings precipitated by exploring the dream images from different perspectives. Following Hillman’s (1975) view of polytheistic psyche, an embodied dreamer can experience multiple sensations arising from the multiple dream images and environment. Contrary to Freud and Jung, the dreamworker does not interpret.

Embodied dreamwork engages the dreamer with the dream environment and characters in the dream as if the dream were occurring in the present. Borrowing from theater, the actor or dreamer “imagines with his body” (Zinder, 2007, p. 8). This method differs fundamentally from Jung in that there is no Self that serves as organizing principle. Embodied dreamwork differs from Freud in that there is no latent content the dreamworker is looking for to make manifest. However, as in Freudian psychoanalytic and Jungian dreamwork, the dreamer provides associations to the images and events (Bosnak, 1988). In embodied dreamwork, every aspect of the dream deals with the multiplicity of being and the complexity of the mind-body system. Bosnak (2007) elaborates embodied dreamwork by using *complexity theory*.

Complexity theory explains that systems are “nonlinear, dynamic, and unpredictable” (Piers, 2005, p. 231). Nonlinear refers to the fact that in a complex system there is no predictability. That is, a small change can make a huge difference, no difference, or have a small effect. An example of a nonlinear system is the weather; a simple shift in wind can have catastrophic affect (storm), no effect, or slight effect (breeze). A complex system is dynamic; as an open system with interrelated parts, it is not static. An open system is one that accepts information from the outside environment. “A dynamic system is a system that changes over time, rather than remaining fixed, or static.” (Piers, 2005, p. 230), that is, a dynamic system changes because it interrelates and informs other parts of the system, including its environment.

Analogous to complexity theory (Bosnak, 2007), the system is nonhierarchical and is composed of the internal (the dream environment and the characters, including the dream ego, events, and objects) and the external (the dreamer, dreamworker, and the

environment). Each part of the system interacts with another, thus creating a whole complex web. The goal of embodied dreamwork is not to impose an interpretation from the dreamworker's perspective, but rather to create different relationships between the parts by creating, first, instabilities that challenge dissociation or by splitting off from parts of the dream experience.

Complexity theory suggests that “the process of change centers on destabilizing or loosening the connections between the elements that form a rigidly ordered system” (Miller, 1999, p. 373). In embodied dreamwork, the dreamer is asked to relate to characters that are distant from the dreamer's ego perspective, or *ego-dystonic*. This destabilizes any rigid perception the dreamer may have about the character. By relating to dream characters, objects, and environment, the dreamer becomes aware of information that was previously unavailable. For instance, the dreamer may see from the “fiery” eyes of a character. This interaction may be experienced in the dreamer's body as a “burning sensation in the eyes,” which in turn has an association to the dreamer's drunkard father's “red eyes.” Seeing through the “fiery” eyes, allows the dreamer to take on a new relationship to the dream character. This interaction is nonlinear and unpredictable. It may affect the relationship that the dreamer has toward this part of herself or himself, as well as having some or no affect on how the dreamer experiences the father and/or father figures in the nondream state. This inner exchange of information within the psyche reorganizes the system, and from it emerges new meanings or ways of relating to the inner and outer environments. As in complexity theory, the dreamworker cannot predict the “magnitude of change from an intervention” (Miller, 1999, p. 374) because of the system's nonlinearity (Kauffman, 1995).

Sometimes, hidden material comes forth, the way a painting's unintentional images may seep out, as in "*pentimento*" (Gentleman Byers & Forinash, 2004, p. ix). In the words of Levertov (as cited in Bosnak, 1988), "people engaged in dreamwork will obtain fascinating insights into the way dreams, like poems, can intensify and sometimes clarify a sense of life" (foreword). The dreamer follows the dream image, moving slowly to experience the image, without judgment, and develops the characters as in a photo. The dreamer experiences the image in its unique locus in a sensory state. The dreamworker helps the dreamer enter into the dream environment with prompts such as, "describe the room." In order for the dreamer to stay present in the body, the dreamworker asks questions such as, "how is the light in this room?" The body registers the emotions of exploring how the person feels the room, for instance, a dreamer may experience a dark room as tightness in the stomach. In embodied dreamwork, the dreamer discovers the complexities of the image without interpretation.

Latina Feminist Theorists and "Borderland" Writers

Examining the gendered experience of the women in the study becomes paramount to understanding power relationships in their emotional dream or wakeful lives. The theoretical lens on gendered relationships, identity, and place offered by Latina writers and feminists were reviewed. Particularly, the pioneering book *Borderlands/La Frontera: The New Mestiza* written by Anzaldua (1987); Alina Troyano's (1995) performance piece, *Milk of Amnesia*; and Esmeralda Santiago's memoir, *When I was Puerto Rican* serve to illustrate the complexity of Latina immigrants' realities. Latina feminists such as Lugones (1989, 1992, 2006) and Ortega (2008) extend the term

“borderland” to include the multidimensionality and “in-between-ness” (p. 65) of the Latina immigrant. Although Puerto Ricans are not immigrants, their experience is similar to those of immigrants of other Latin American countries, especially with respect to their search for “cultural identity, [their] struggle for survival, and [their] rights to political representation” (Duany, 2000, p. 5).

In her study of Puerto Rican migrants to the mainland, Aranda (2002) suggests that immigrants experience the border crossing differently and engage in many ways of dealing with their emotional upheavals, such as wanting to integrate into the dominant culture while negotiating “home and host society ideologies” (p. 3). In contrast, Grundler (1999) argues that for some Puerto Rican women, the immigration is positive and is a way to become autonomous. However, Martinez (2002), in her qualitative study of low income Puerto Rican migrants, shows that Puerto Ricans with low incomes are affected by poverty, violence, and deterioration of family, as well as being prone to suffer depression. When the women gained a better understanding of their social conditions and were able to express themselves and share power in their therapy, they developed a different perception of depression, not only as a clinical diagnosis, but also as having multiple stressors as contributors to the depression. Thus women gained agency through participating in their therapy. Correspondingly, Alicea (1997) posits the need of Puerto Rican women’s voices. She suggests that there is a contradictory nature with respect to Puerto Rican women’s roles in transnational communities. She analyzed 30 interviews of Puerto Rican women who were migrants and return migrants. These women relied on social networks; they connected households in the mainland to service agencies (e.g., they brought family members on the island to the mainland to receive health care).

However, the women in the study faced greater responsibility for taking care of children and had disadvantage class conditions. Contradictions existed for these women because they did not have a sense of stability that could enable them to resist class, gender, and race oppression on the mainland. And, even though they may have been searching for autonomy by moving to the mainland, they were expected to “carry [an] unfair share of subsistence work” (p. 23). Furthermore, research (Varas-Diaz, Serrano-Garcia, & Toro-Alfonso, 2005) shows that stigmatization due to illness, particularly HIV/AIDS, has become a problem on the island. In addition, the greater Latino community on the mainland “has reported feeling that stigmatizing attitudes have intensified” (p. 172) causing disruptions in the role of social interactions.

Can this situation be helped? Torres, Marquez, Carbone, Stacciarini, & Foster (2008) suggest using a participatory integrated structuralist approach to assess the needs of Puerto Ricans living on the mainland who are affected by health disparities. The authors differentiate between deep structures and surface observations and how an anthropological structural approach similar to that used by Levi Strauss (1963) to study systems of healing and affiliations helps bring understanding to the “complex cultural elements that affect people’s choices” (p. 149). They argue that for Puerto Ricans these elements are national, ethnic, linguistic, and religious identity, social interaction processes, and communication systems” (p. 149). Similarly, Andrés-Hyman, Ortiz, Añez, Paris & Davidson (2006) suggest six cultural constructs that are optimal for providing health care to Puerto Ricans. These are: dignity and respect; family values; relating on a personal level; machismo; marianismo; and spirituality.

Borderland could refer to the “land constituting or near a border,” (Agnes & Guralnik, 2001, p. 169) or to “a vague or uncertain condition that is not quite one thing or the other” (p. 169). Both definitions provide distinct characteristics of how the word is used in the literature review, as a demarcation and as a condition. The experience of the Latina immigrant is captured by the self-analysis of Chicana writer Anzaldua (1987) in her groundbreaking book, *Borderlands/la frontera: The New Mestiza*. The borderland is physically located outside—as the boundaries between the United States and Mexico—as well as experienced as an internal state “where the Third World grates against the First and bleeds” (Anzaldua, 1987, p. 3). This refers to the hardships suffered by Mexican immigrants who come to the United States for economic reasons.

To live in the Borderlands Means you
are neither *hispana India negra española*
ni gabacha, eres mestiza, mulata, half-breed
caught in the crossfire between camps
while carrying all five races on your back
not knowing which side to turn to, run from (p. 194)

She posits the possibility of a hybrid and complex being whom she calls the *new mestiza*. The new mestiza lives in the borderlands. She internalizes the conflicts imposed by the new dominant culture, such as language and oppression. The new mestiza survives because she is “persevering” (Anzaldua, 1987, p. 64), malleable, and “unbreakable” (p. 64). Moreover, the new mestiza does not hold ideas or “concepts in rigid boundaries” (p. 79). She “copes by developing tolerance for contradictions” and ambiguity (p. 79).

Because, I a *mestiza*
 continually walk out of one culture
 and into another,
 because I am in all cultures at the same time,
alma entre dos mundos, tres, cuatro,
me zumba la cabeza con lo contradictorio.
Estoy norteadada por todas las voces que me hablan simultáneamente.

She is rooted in the present while embodying the ancestral past. The work of the new *mestiza* is not about bridging dissonant parts, “nor balancing opposite powers” (Anzaldua, 1987, p. 79) but about embracing a “new consciousness” (p. 79). This consciousness “breaks down the subject-object duality” (p. 80).

The new *mestiza* welcomes the dark and the light aspects of life, “We are the people who leap in the dark, we are the people on the knees of the gods,” (Anzaldua, 1987, p. 81). At the same time the new *mestiza* questions and “gives new meaning” (p. 81) to light and dark. She uses “new symbols, she shapes new myths” (p. 82). There are many possibilities for the new *mestiza*, not in a linear, unidirectional way, but a way that encompasses complexity.

Analogous to the *new mestiza*, dreamers in embodied dreamwork encounter their complexity through the characters and environment in their inner personal experiences as well as the outer sociopolitical circumstances. Anzaldua (1987) writes, “the struggle has always been inner, and is played out in the outer terrains” (p. 87). She further adds that the experience does not happen “unless it first happens in the images of our heads” (p. 87). Comparable to embodied dreamwork’s hypnagogic state, Anzaldua posits that those

who dwell in the borderlands live in “between two” (p. 87) realities akin to the Cartesian split between rational and irrational. She hypothesizes that “images from the unconscious” arise through “dreams and imagination” (p. 37). Furthermore, she describes her process of shamanic trance as a state “between sleeping and waking” (p. 70) similar to the hypnagogic state of the dreamer. In embodied dreamwork, the sensorial experience in the body is essential. In a like manner, Anzaldua asserts that the body is essential for the writer. “Only through the body ... can the human soul be transformed. Anzaldua asserts that for images, words, stories to have transformative power, they must arise from the human body” (p. 75).

Lugones (1989) redefines the new mestiza as a “world” traveler self that can travel “between worlds and inhabit one of those worlds” (p. 282). For Lugones (1989) the “world” traveler is a different person in different environments. She writes:

Those of us who are “world”-travelers have the distinct experience of being different in different “worlds” and having the capacity to remember other “worlds” and ourselves in them. ... So, the experience is of being a different person in different “worlds” and yet of having memory of oneself as different without quite having the sense of there being any underlying “I” (Lugones, 1989, p. 283).

The “travel” takes place when the person consciously or unconsciously shifts, “from being one person to being a different person” (Lugones 1989, p. 283). Furthermore, Lugones (1989) suggests that the “‘I’ is identified in some sense as one and in some sense as a plurality” (p. 285). She can be a stereotype Latina or be a Latina. She says,

This ambiguity is funny and is not just funny, it is a survival-rich. We can also make the picture of those who dominate us as funny precisely because we can see the double edge, we can see them doubly constructed, and we can see the plurality in them. (Lugones, 1989, p. 285)

In her analysis of Latina feminists' perspective on the multicultural self, Ortega (2001) shows how Lugones' (1989) "world-traveler" self is similar to Anzaldua's new mestiza because the self-construal arises from the lived experience. Moreover, Ortega (2001) proposes that the "world-traveler" self is "multiplicitous" (p. 3), not only a plurality, as suggested by Lugones (1989, 1992) and Anzaldua (1987), who dwells "in between the norms and practices of different cultures" (Ortega, 2001, p. 4). The new mestiza "juggles beliefs and practices" (p. 4) from various cultures that are at times "contradictory" (p. 4). This pluralistic self is constantly "in the making" (p. 5), rejects "subject-object/inner-outer duality" (p. 8), and has a shared history with other Latinas.

In her study on liminality, Lugones (2006) proposes that Anzaldua rejects the dichotomy of the border concept as a split and enters liminality through the recovery of memory and storytelling. "She enacts, performs, lively creations and re-creations of her own self" (Lugones, 2006, p. 80). These creations take place in the liminal world, "the space in between structural descriptions" (p. 80).

Lugones (2006) suggests that the "world" traveler dwells in-between world or limen that lies at "the edge of hardened structures" (p. 76) where "complex communication" (p. 84) can take place. By complex communication, Lugones (2006) means the ability to recognize and read "opacity" (p. 84), that is, the recognition that one can be the oppressor or the oppressed, depending on the context. She suggests that "in

complex communication we create and cement relational identities, meanings that did not precede the encounter, ways of life that transcend nationalism, root identities, and other simplifications of our imaginations (p. 84).

The play written and performed by Alina Troyano (1995), *Milk of Amnesia* (*Leche de Amnesia*) illustrates how complex communications takes place in a liminal space. By understanding this play, one can understand the complexity of the multidimensionality of the experiences of the immigrants, as well as the plurality of characters, such as in a dream, that populate the mind of the dreamer. The performance is a one-woman show with three characters, the narrator who primarily is heard but not seen, Carmelita Tropicana, and Pingalito Bentacourt. Troyano plays with crossing boundaries; Pingalito, the male character, represents Troyano's gendered crossing as a lesbian. Carmelita is the assimilated character who crosses the cultural border. The writer, akin to the dreamer, provides the theater of the imagination, narrating the experience in the present and in flashback to the island of Cuba. The play takes place in New York, Miami, and Havana and tells the story of how Carmelita Tropicana loses her memory and identity. In her search to end the amnesia, Carmelita travels back to Cuba to recuperate her memory where she finds a reality different from the one she remembers.

The performance opens with the writer recounting how difficult it was to acclimate to her new environment as an immigrant: "Everything was so different. I had to change. Acquire a taste for peanut butter and jelly" (Troyano, 1995, p. 94). Similarly, in embodied dreamwork, the person reenters the dream space and experiences the various characters that populate the dreamer's mind. One can have a dialogue with a Pingalito-like character that identifies with the patriarchy, a Carmelita who is trying to

find her identity, and the writer who is trying to have a dialogue with these parts of herself. Furthermore, like embodied dreamwork, the performance is not linear. For instance, the author narrates a dream that shows the fear of assimilation:

Me and my cousin were fugitives running away from the police. We had to escape. Were running through the streets. We saw a manhole cover and opened it up. We went down. We were in a sewer. We were safe. But it started to get hot. And as it happens in dreams, one minute my cousin was my cousin and the next she was a peanut butter and jelly sandwich. The heat was making her melt. She was oozing down. I was crying: Don't melt, Pat. Please don't melt. I woke up in a sweat (Troyano 1995, p. 95).

Carmelita wears a hilarious hat with condoms, toilet paper, stationery, and other supplies. She gets to Cuba and has an interesting experience with three old people she meets at the cemetery. Carmelita suffers from what she calls a CUMAA, a Collective Unconscious Memory Appropriation Attack. During this attack, she experiences herself as the horse of a conquistador who begins to narrate how he sees the Indians being killed. Yet, another CUMAA takes Carmelita into the life of a pig that is being raised for food in someone's apartment. Carmelita begins to become empathic with the people who are struggling for survival and comes out of the CUMAA sympathetic to ending the embargo on Cuba. The phrase, *no es fácil* (it is not easy) is used as a refrain throughout the play.

The dreamer, like the writer in *Milk of Amnesia* is not a hybrid but is made of multiple voices that have complexity and are situated in an environment combining imaginary memories of the native land and the reality of the immigrant space. Similarly, Ortega's (2008) world-traveler is a "multiplicitous" self. A self that is "pulled in

different directions by norms, practices, beliefs ... of different worlds” (p. 71). The multiplicitous self negotiates between worlds with her unique makeup of “two or more cultural and/or racial views/understandings/values” (p. 71).

Similarly, Esmeralda Santiago (1993) documents in her memoir, *When I Was Puerto Rican*, the difficulties of moving from island to mainland. She describes the protagonist, Negi, as the oldest child of a poor family who moves back and forth between country and town. Although Negi’s father is absent most of the time, the mother gets pregnant frequently and has no other recourse but to go back to their shanty home that is without electricity and potable water. However, life in the country has positive effect for the family because there everyone knows them and respects them.

Santiago describes a scene when a neighbor dies and Negi’s mother and the other neighbors go to help clean the body and set up the funeral. Negi and her sister are “volunteered” to lead the funeral procession. On their way back, the daughters of the deceased are “overcome with an attack of *nervios*” (para. 757–764).

Macun, the place where Negi and her family live becomes the center of a political modernization that favors the introduction of an American health center, food handouts that include canned fruits and vegetables not grown in Puerto Rico (e.g., apples) and English readers for the children. Similar to Carmelita Tropicana, Negi has to get used to the new food. She spills the milk in the lunchroom, and the teacher reprimands her. Negi says, “That milk tastes sour.” The teacher answers, “How can it taste sour ... It’s powder [*sic*] milk. We made it fresh this morning.” (Santiago, 1993, para. 1225–1234)

The family struggles with poverty, the father’s unfaithfulness, and domestic violence. When Negi yells and her mother finds her with a boy, instead of listening to

Negi, her mother “beats [her] again and again, raising welts on [her] arms, [her] back, [her] head. ... I let my body go limp to take her abuse” (Santiago, 1993, para. 1739–1746). As the oldest daughter, Negi helped raise her siblings when her mother took a job in a factory. After one of her brothers has an accident, Negi’s mother searches for better treatments until she goes to New York. Eventually Negi’s family moves to New York.

On her first day of class, Negi is approached by another student who asks if she is Hispanic. Negi does not know what Hispanic is and is surprised that in New York she is no longer Puerto Rican. Furthermore, Puerto Ricans who were born on the mainland did not mix with Puerto Ricans who were new arrivals. Santiago plays with the concept of what it means to be Puerto Rican on the mainland, and the difficulties of returning to the island to not be considered Puerto Rican enough because she is Americanized.

In an interview with Hernandez (1997), Santiago says that being thought of as too Americanized upon return to the home is an experience shared by other immigrants. She describes her return to Puerto Rico:

I came, Harvard degree in hand, to stay. ... I tried to find a job, I came with my magna cum laude degree thinking that everybody was going to be so proud of me in Puerto Rico. But the only job I could get was as a typist at \$3 an hour. In New York I was at least a bilingual secretary. My boss said to me: “You can have ten Harvard degrees, but you’re still a woman in Puerto Rico.” And I said: “I’m out of here.” I would have fought everything else, but being seen as a lesser human being because of my gender ... It was not only my experience but an experience that a lot of immigrants are facing, not just in the United States but in any country that they go to: if you leave your “village,” when you come back your village is

going to know you left and they are going to challenge you. (Hernandez, 1997, p. 173–174)

Santiago continued to elaborate on the difficulties of living in two worlds:

This is something that is going to be a big part of our psychology: having to deal with living in two cultures. The ironic thing for me is that in Puerto Rico I was considered American. In the United States I was considered Puerto Rican. It was really confusing. And I'm an adult. I've thought about this and I can deal with it, but I think to myself: "a child cannot deal with this, it is an impossible burden." (Hernandez, 1997, p. 175)

I suggest that the in-between space where the multiplicitous self, the world traveler, the new mestiza, Carmelita Tropicana, or Negi dwells is congruent with embodied dreamwork's space, the hypnagogic state. In the hypnagogic state, all barriers to linearity are lifted. For example, a dreamer can have various characters in the dream that are displeasing or enjoyable. The dreamer may identify with these characters or not. Like Anzaldua's new mestiza, the dreamer learns to dialogue and negotiate, and like Lugones's (2006) world traveler, the dreamer gets to know the dark characters and the light characters, as well as to see the "opacity" (p. 84) of the characters, while remaining aware of the emotions and feelings experienced in body states. Returning to the wakeful state, the dreamer emerges with added connection to the inner multiplicities in her dreams. Upon returning from the nonlinear hypnagogic dreamwork state, perhaps complex communication with outer characters, as suggested by Lugones, is possible. In their wakeful lives, the women in this study are between worlds.

Puerto Ricans as borderland dwellers. Puerto Ricans—at the same time citizens of the United States, but while Puerto Rico is not a state—live in a “borderland” and have an ambiguous relationship to the mainland. Many Puerto Ricans move between the island and the mainland without legal constraints. This revolving migration may cause a feeling of groundlessness. Studies have shown that immigration causes a great deal of distress, as is expressed in the following excerpt:

Regardless of whether it is from one country to another country, or from one region to another region of the same country, immigration always causes a certain “cultural shock” and a growing sensation of discontinuity emerges. It is as if out of this usual habitat, the newcomer no longer has the necessary corroborative environmental feedback for his ego identity. Thus, the more serious the break ... the greater the yearning for the lost loved objects (abandoned culture). (Garza-Guerrero, 1974, p. 418–419).

Acevedo (2004) stresses the need to understand all types of Puerto Rican migrants: the person who migrates to stay, the one who returns to the island after a few years, and the one who comes and goes in a circular migration. Each of these immigrants has to be seen from her or his perspective and the unique motive for migration. Of particular importance, Acevedo argues, is for social workers to be involved in the advocacy and policy making that affect Puerto Ricans on the mainland. Moreover, Thomas (2002) suggests that the historical marginality of Puerto Ricans living on the mainland from the early 1900s to 1960 is a factor to be taken into consideration when dealing with this population. He analyzed oral histories, newspapers, pamphlets, and minutes from meetings to reconstruct the political culture of Puerto Ricans and understand how the

complex relationship between the United States and Puerto Rico contributed to identity building and the great out-migration of the 1940s. Taking a similar stance, McGreevey (2008) suggests that Puerto Rican migration needs to be understood historically as a consequence of economic policies in Washington that affected Puerto Rican economy and society. He posits that there are no clear-cut borders between the United States and Puerto Rico. Similarly, (Perez, 2004) in her analysis of Puerto Rican migration to Chicago, stresses the political aspects of the initial migration in the 1940s. She suggests that returning to the island had its complications, particularly for women:

Like other Puerto Ricans in the United States, many returned to the island during the 1960s and 1970s, motivated by diminished employment opportunity on the mainland and improved social and economic conditions on the island. ... This return migration, however, was often difficult for women, whose extensive labor experience in the United States had provided them with economic and social freedoms sorely missed in their new lives in rural Puerto Rico. The lack of reliable public transportation, cultural norms of gendered behavior that confined women to their homes, and limited economic opportunity all contributed to women's discontent upon return. These observations confirm findings that migrant women attempt to return to their country of origin because it frequently means confronting a gender ideology that limits women's ability to work, socialize, and live the way they did in the United States. (Perez, 2004, p. 212)

Perez (2004) further notes, that many Puerto Ricans who stayed on the mainland developed their communities by

creating organizations, cultural centers, and interethnic coalitions to advance school reform, protect low-income housing, and improve community-police relation ... while some Puerto Ricans continue to circulate between the island and the mainland—thereby further integrating the two economies. ...When migrants do engage in circular or transnational migration, they do so in order to take advantage of the broad social and economic networks that are part of their subsistence strategies, and they are usually successful in improving their occupational status through this process. These findings challenge earlier work suggesting that circular migration is commonplace, disruptive, and worsens migrants' socio-economic position. Puerto Ricans' "mobile livelihoods" is a "productive survival strategy for many households on and off the island. (p. 213)

Hypnagogic state as borderland. The hypnagogic state of embodied dreamwork is a borderland between sleep and wakefulness. The embodied dreamwork space is limitless. In that space the dreamer can encounter fantastic characters and fearful ones, as well as enjoyable ones. These can be representative of day events. In this space you can travel back in time to the original culture, while staying tuned to the new culture. Lipsky (2008) and Sonenberg (2004) have successfully used embodied dreamwork in training theater students. Lipsky's (2008) work uses the basic technique of embodied dreamwork of listening to the dream, taking the images for what they are, not as symbols, and being curious to explore the environment. Lipsky takes embodied dreamwork a step further into the stage. He suggests that by acting the dream, the dreamer can "re-experience the dream in the body" (p. 91). Furthermore he posits,

By using a group of dreamers to recreate the world of your dreams[,] there is a deeper and more startling discovery to be made: you will find yourself actually inside the dream space in the presence of the dream figures. (p. 91)

Once the dreamer is faced with the dream figures, the dreamer may experience layers of feelings that were not apparent by sharing the dream. For instance, Lipsky (2008) describes a woman who had a dream about Mia Farrow, and nothing happened when she told the dream, but when she made eye contact with the Mia Farrow character the “dreamer felt bonded to Mia as if she understood her pain deeply ... memories of betrayal and abuse” (p. 91) overcame the dreamer. In a like manner, Bosnak (1996) suggests dream helpers become empathic when they are reminded of emotionality of their own.

In the liminal space of dreamwork, as in a theater, and as in the between space of the borderlands writers, it is possible to have complex identities and complex communication. By acquainting oneself with these characters and events with curiosity and nonjudgment, it may be possible to emerge, not as a border dweller but beyond the border, not as a hybrid but as a multifaceted and complex being. Embodied dreamwork, is not a panacea. Bosnak (1989) could not cure Christopher, the AIDS patient he worked with, but he did provide the patient with an encounter with more benevolent parts of himself. Christopher was able to continue his religious studies and face death with less guilt about being gay. Christopher told Bosnak during one of his hospitalizations that he had a dream and “woke up in the most perfect bliss. [He] felt accepted by God” (Bosnak, 1989, p. 154). Christopher wrote in his dream book, “Christ figure inside me, loving me, loving knowing me, relating to me, teaching me to love at least one faggot—me” (p. 167).

Bosnak could not save Christopher from AIDS but through their work together, Christopher came to love himself.

Summary

This review of the literature encompasses embodied dreamwork, Puerto Rican culture, migration, and Latina feminist theorists and writers. The search resulted in both empirical and qualitative studies on dreams, dream content, and cognition, as well as various methods of dream interpretation and application in therapy. In general, findings show there is a continued interest in the study of dreams from many fields and disciplines. Unfortunately, there were limited findings of dreamwork with Latinos (Maduro, 1976, 1982) that found a positive response to the use of dreamwork in groups with Latino immigrants. There were no studies on dreamwork with Puerto Ricans. It is clear that more research is needed in embodied dreamwork as well as on dreamwork with Latinos. Given the large population of Puerto Ricans and Latinos in the United States, the continued interest in dreams research, findings of this review may prove useful in the support of further inquiry with Latinos and other immigrants.

CHAPTER 3

METHOD

Purpose of the Study

The focus of this study was on how low-socioeconomic status Puerto Rican women with chronic illness living in Boston experienced the phenomenon of embodied dreamwork. I was curious about the lived experiences of the participants and the qualitative dimensions of the phenomenon of embodied dreamwork, not quantifiable results. Embodied dreamwork is a noninterpretive way of working with dreams. Because embodied dreamwork engages the dreamer with the dream images as if they were occurring in the present, this method of dreamwork led me to think about how the cultural, ethnic, and gender realities of Latinas could be experienced through the phenomenon of embodied dreamwork.

Research Design

The overarching research question for this study was, how do eight low socioeconomic status Puerto Rican women with chronic illness living in Boston (the borderland) experience the phenomenon of embodied dreamwork in the hypnagogic state, a state between sleep and wakefulness? This question drove the design of the study. The intent was to understand each participant's experience of embodied dreamwork. Further research questions helped to explore the phenomenon as experienced by this group: How does embodied dreamwork facilitate staying conscious of bodily sensations? How do these Puerto Rican women interpret their objective reality via embodied dreamwork? How does culture impact dreamwork for these women? What nonverbal images arise/remain after dreamwork? To explore the last question, participants were given a 9 x

11 sheet of white paper and a box of 24 oil pastels and asked to draw their feelings after the dreamwork. Piercy and Benson (2005) believe the use of aesthetic methods incorporating art, music, creative writing, poetry, and performance are useful as data to enhance qualitative and quantitative research, add depth to the findings, and engage the audience in reflecting about the findings and constructing meaning. The authors suggest that researchers keep in mind the following questions when using the arts: (a) Does the use make a substantive contribution? (b) Does it have aesthetic merit? (c) Does the author locate himself or herself in the text? (d) Does the use have impact? (i.e., Does the work affect me emotionally? Intellectually? Does it generate new questions? Does it move the audience to action?) and (e) Does the work seem credible? (i.e., Does it seem to capture lived reality?). Rubin (2005) suggests that verbal reflections can be as simple as giving the work “a title” (p. 115). Heller (2007) uses collage paintings to integrate immigrants’ fragmented self-image. She used the myth of Innana as metaphor for the participants’ journey through the diaspora. As an art therapist Heller offered the group of participants a safe space to explore the loss and grief of the countries and families they had left and the opportunity to create a new image integrating their new home base. Feen-Calligan, Washington, & Moxley (2008) used artwork as process with chemically dependent minority women.

Appropriateness of the design. Phenomenological research methodology requires that the researcher returns to “things as they are” (Moustakas, 1994, p. 58). The researcher seeks to obtain the “essence” (Moustakas, 1994, p. 58) of the phenomenon from many angles and perspectives. For the phenomenological researcher there is no one-sided reality of how a phenomenon is experienced. Phenomenologists are interested

in how experience is lived “in time and space vis-à-vis in relationship to others as well as to bodily experience” (Hesse-Biber & Leavy, 2006, p. 24). The researcher suspends biases—in a process known as *epoché*—collects data, records it accurately, writes field notes, eliminates duplications, identifies significant units of meaning, and arrives at a creative insight (Moustakas, 1994; Ritchie & Lewis, 2003; Wertz, 2005). The researcher does not formulate hypotheses but, rather, descriptions of the “details of the lived” (Wertz, 2005, p. 171) experience. I am not interested in cause and effect but in the lived experiences that Puerto Rican women have of embodied dreamwork, thus the phenomenological approach is pertinent.

Participants. Individuals qualified to participate in the study if they were Puerto Rican women between the ages of 40 and 60. All research participants were Puerto Rican women, as the study sought to understand the experience of Puerto Rican women. Creswell (1998) required that all research participants “experience the same phenomenon being studied” (p. 118). Thus, all the participants shared a recent dream or a dream the participant remembered clearly and engaged in an embodied dreamwork. Additionally, participants were further limited to living in Boston. The study did not include other criteria for participation, such as race, religion, marital status, sexual orientation, or education.

Eight Puerto Rican women, ages 38–51, who lived in Boston and had low socioeconomic status as well as chronic illnesses participated in the study. This age group was of particular interest to me because by this age the women had had many years of experiencing the diaspora, repeatedly traversing the invisible lines between Anglo-American and Puerto Rican cultures. Polkinghorne (1989) recommended that the sample

size range from 5 to 25 and Creswell (1998) suggested a sample of up to 10 people, in order for a study to be transferable. Kvale (2007) suggested interviewing “as many subjects as necessary to find out what you need to know” (p. 43). Similar to the sample size used by Murphy (2005) to research African American and Hispanic women enrolled in selective health programs, eight participants were used for this study. Table 1 shows the demographic characteristics of the eight participants.

Table 1. Sampling Demographics

Age	Birthplace	Cities Lived In	Marital Status	Children's Ages	Education	Employment	Illnesses	Pseudonym
46	Guamo, PR	Guamo and Boston	partnered	31, 29, 28, 26	12th grade	disabled	back problems, hypertension, broken hip, high cholesterol	Tulip
38	Carolina, PR	Carolina, New York, Boston	partnered	20, 17, 13, 11	2 years of college	employed	HIV+, depression	Orquidea
42	Santurce, PR	Santurce, New York, Providence	single	none	9th grade	disabled	HIV+, hepatitis C, toxoplasmosis	Rosa
46	Rio Piedras, PR	Rio Piedras, Ann Arbor (MI), Boston	single	29	6th grade	never worked	HIV+, hepatitis C, depression	Amapola
50	Loisa, PR	Loisa Boston	single	31, 24, 21, deceased 18	10th grade	disabled	cervical problems, HIV+/AIDS, depression	Rosa Blanca
50	New York, NY	New York Boston	single	none	10th grade	disabled	diabetes, hypertension, high cholesterol, depression	Red Rose
43	New York, NY	New York, Buffalo (NY), Messina (NY) Potsdam (NY), Boston	single	26, 21, 18, 5	9th grade	disabled	HIV+, hepatitis C, bi- polar depression	Lilac
51	Aibonito, PR	Aibonito, Boston, New York	widow	37	1 year of college	disabled	diabetes, HIV+, heart disease, high cholesterol, hypertension, depression	Carnation

Sampling. This research used snowballing and purposive sampling techniques to ascertain that research participants met the specific criteria (Berg, 2007). I identified potential service organizations that serve the Latino population in Boston, for example, Latin American Health Institute, Casa Iris, and Concilio Hispano, as well as colleagues and friends in the Latino community. Invitations were sent to these organizations to distribute to their clientele. Invitations were also sent to colleagues and friends for dissemination.

An individual known to me in a prior job from one of these organizations responded and was interviewed. Although this participant was not 40 years old, I decided to interview her because she was eager to do the dreamwork and had a dream to share. She suggested other “potential participants” (Ritchie & Lewis, 2003, p. 94) who met the criteria of being female, Puerto Rican, age 40 to 60, and willing to participate in embodied dreamwork. This participant who was unemployed at the time of her interview, became employed at Casa Iris, one of the agencies to which I had sent invitations. She referred other women from Casa Iris for the study. Casa Iris is a nonprofit organization that serves Latinos who are infected or affected by HIV or AIDS. It took six months to interview the participants because I had to travel twice to Boston to interview all of them. One potential candidate from another organization cancelled twice because she had experienced domestic violence. One potential candidate disclosed that she was not Puerto Rican and was eliminated from the study.

Each research participant received a copy of the research study and signed consent forms for the interview and for the use of the art work they produced at the end

of the interview. The study and consent forms had been previously approved by Lesley University's Institutional Review Board. None of the women refused to participate in the study once they had read and signed the consent forms. At the end of the interview, each participant received \$50 compensation.

Data collection. My data collection centered around Puerto Rican women's lives and their lived experiences. The data were collected from December 9, 2008, to July 22, 2009. I used semi-structured interviews, unstructured interviews, art-making, and unstructured field notes. The semi-structured interviews served to elicit demographic data, and a more natural, nonstructured inquiry form was used to amplify the images of the dreams. The nonstructured depth interviews gave each participant's "personal perspective" (Ritchie & Lewis, 2003, p. 59) on the phenomenon. The questions were for the most part open ended or built on participants' responses. For example, when I asked a dreamer to describe the time of day in a dream, if the dreamer responded, "it is afternoon," I continued to ask, "what is this afternoon like?" In order to equalize the power differential between interviewer and participant, I invited the participants to have control of the dreamwork process by letting them know that I was not going to interpret their dream but they would find their own meaning, or not, during the dreamwork. I encouraged the participants to let me know if I was asking questions too fast or too slow, or if they did not wish to verbalize their feelings.

My philosophical stance was similar to that expressed by feminist researcher Reinharz (1992) who recommends researchers be "open-ended and prepare to take risks" (p. 197). I listened and paid attention to the nonverbal language without expectations. I saw the participants as experts of their dreams and did not assume I understood their

meaning. I followed the interview strategy used by Denise Segura (as cited in Reinharz, 1992) of becoming familiar with the community prior to initializing the interview in order to facilitate the process. Although prior to the interviews, I only knew the gatekeeper, the person who had made the referrals to me, there was a familiarity with the women through the Spanish language that led me to establish rapport easily. The women felt comfortable and not embarrassed to resort to speaking Spanglish. At times instead of formal English, I began the interview with a few words in Spanish to increase comfort. I used a feminist perspective in the interview, making the women feel at ease by first asking “demographic information,” (Hagood, cited in Reinharz, 1992, p. 25). The demographic questions were not asked in any specific order to allow a more natural conversation. I sought to “hear the multiple voices” (p. 39) in each person’s spoken and nonverbal language in order to convey a more accurate portrayal of the women’s experiences.

All interviews were conducted in person by me, the researcher, and audio-recorded. Three interviews were conducted in a private office and the other five were conducted at the Multicultural Aids Coalition office where Casa Iris is located. According to Kvale (2007) and Moustakas (1994), interviews should last as long as they produce dense and rich meaningful information and I followed this guideline. The interviews lasted an hour to an hour and a half. Four interviews were recorded with a Sony TCM-150 tape recorder and four with an Olympus WS400 recording device. At one point an error occurred when I did not check the tape at the end of a session and moved to record another session. As a result of mechanical malfunction and human error, two entire interviews were lost. After finding out my error and replacing the equipment,

the two participants returned on July 22, 2009, with fresh dreams. During the embodied dreamwork interview process, I took notes to make sure I did not lose valuable nonverbal information. Each interview began with introductions, a review of consent forms, informing participants that they could opt out of the research, and allowing participants to ask questions. At the end of each session, the research participant received \$50.

Triangulation. Using various data sources to contrast and validate the results with other data results is known as triangulation (Creswell, 1998). To accomplish triangulation, I used multiple sets of data, that is, interviews, field observations, field notes, and art work.

Ethical considerations. Foremost, I embraced the principle of “beneficence” (Kvale, 2007, p. 28), or not harming the research participants who engaged in the embodied dreamwork. I was aware that during the interview there was a power difference between myself as researcher and the participants. By being respectful of the subjects’ stories and by avoiding the imposition of interpretation, I tried to minimize the power discrepancy. During the demographic interviews, I asked the research participants if they had physical or mental illnesses, as well as doctors and psychotherapists, to ascertain that the participants could follow up with a professional if any disturbing material came up in the dreamwork. The interviewees were guaranteed confidentiality and anonymity. Each participant chose the name of a flower as a pseudonym.

Transcription and filing system. I transcribed all the audio recordings verbatim. This enabled me to immerse myself more deeply in the data. As suggested by Guion (2006), I typed and highlighted the field notes to differentiate them from the interviewees’ notes. I set up secured files on a Microsoft Word 6.0 document that was

word-protected and accessible only to me. This computer program has features such as search functions that made it easier to analyze the data. Also, I could have two or more documents open to facilitate handling data among different files. The files were stored on the hard drive of a computer and copied onto a portable storage device (USB) and kept in a locked drawer. I took photos of the drawings and downloaded the digital photos onto Microsoft picture software and kept them in a password-protected file. The images were copied onto a portable flash storage device that was kept locked. Throughout the research process I kept an unstructured journal and did art-making when I had questions about and reactions to the research.

Member check. The member check was done in person or by telephone interview lasting an average of 20 minutes. Participants were given a copy of the text and asked to make corrections. Two made minor corrections and the others declined to make additional contributions or changes.

CHAPTER 4

RESULTS

Introduction

The purpose of this study was to explore and describe the characteristics of embodied dreamwork as perceived and experienced by eight low-socioeconomic-status and chronically ill Puerto Rican women living in Boston. I used a qualitative phenomenological method informed by Moustakas (1994). Participants' personal accounts of their embodied dreamwork experience was recorded on tape. Each woman's story was presented using verbatim examples in order to preserve the essence of each woman's experience. The lived experiences of the participants were analyzed individually as well as collectively to capture the essence of the phenomenon (Moustakas, 1994).

The following overarching questions were addressed:

1. How do eight low-socioeconomic-status and chronically ill Puerto Rican women living in Boston (the borderland) experience the phenomenon of embodied dreamwork in the hypnagogic state, a state between sleep and wakefulness?
2. How does embodied dreamwork facilitate staying conscious of bodily sensations?
3. How do these Puerto Rican women interpret their objective reality via embodied dreamwork?
4. How does culture impact dreamwork for these women?
5. What nonverbal images arise/remain after dreamwork?

Data Analysis

I chose to use a phenomenological approach to analyze the data and used visual images as a tool for processing the experience of the dreamwork. Lind-Glenn (2009) used a similar phenomenological approach in her research exploring second generation Latino students' experiences of mentorship. Similarly, Jue (2004) used a transcendental phenomenological methodology to find the essence of spirit-centered entrepreneurs. In a like manner, my interest was on the lived experience of the phenomenon of embodied dreamwork. In phenomenological studies, the understanding derives from the "perspective of those being studied" (Creswell, 1998, p. 275). This study analyzed the individual experience of eight low-socioeconomic-status, chronically ill Puerto Rican women's embodied dreamwork and their perceptions and beliefs, using their own words. Furthermore, qualitative researchers look for how participants "construct the world around them" (Glesne, 2006, p. 4). The study sought to understand the phenomenon of embodied dreamwork as it relates to cultural beliefs and ethnicity. Each woman's experience was compiled to obtain the essence of the phenomenon and create a picture of embodied dreamwork. In the results of this study I endeavor to understand and represent the composite experience of the phenomenon of embodied dreamwork of this unique group of women.

The data were analyzed according to Moustakas's (1994) phenomenological method using the complete transcription of each research participant as follows:

1. Listing and Preliminary Grouping: List every expression relevant to the experience (horizontalization).

2. Phenomenological Reduction and Elimination: Determine the invariant constituents; test each expression for two requirements:
 - a. Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?
 - b. Is it possible to abstract and label it? If so, it is a horizon of the experience.

Expressions not meeting the above requirements are eliminated.

Overlapping, repetitive, and vague expressions are also eliminated or presented in more exact descriptive terms. The horizons that remain are the invariant constituents of the experience.
3. Clustering and Thematizing the Invariant Constituents: Cluster the invariant constituents of the experience that are related into a thematic label; the clustered and labeled constituents are the core themes of the experience.
4. Final Identification of the Invariant Constituents and Themes by Application: Validate data; check the invariant constituents and their accompanying theme against the complete record of the research participant.
 - a. Are they expressed explicitly in the complete transcription?
 - b. Are they compatible if not explicitly expressed?
 - c. If they are not explicit or compatible, they are not relevant to the co-researcher's experience and should be deleted.
5. Using the relevant, validated invariant constituents and themes, construct for each co-researcher an Individual Textural Description of the experience. Include verbatim examples from the transcribed interview.

6. Instead of constructing a structural description for each participant as suggested by Moustakas (1994), I constructed a composite of the structure of the phenomenon for all participants to avoid redundancy.
7. A Composite Textural-Structural Description of the meanings and essences of the experience of the phenomenon, incorporating the invariant constituents and themes was formulated instead of providing a textural-structural description for each participant. This avoided duplications.

The first step in phenomenological reduction to control for bias is to bracket one's preconceived ideas of the phenomenon one plans to study (Creswell, 1998; Kvale, 2007; Moustakas, 1994). Thus, before, during, and after the interviews, I intentionally put aside my desires, hopes, or ideas about embodied dreamwork. In particular, I set aside my own experience with embodied dreamwork as a positive experience and allowed the phenomenon under study to be seen through the multiple lenses of the research participants (Moustakas, 1994). This withholding of presumptions and judgment is known as the *epoché* (Creswell, 1998, p. 52; Husserl, 1931).

Listening and grouping. I listened to the tapes and read the transcripts numerous times. The process of going back and forth between taped audio and written material immersed me in the phenomenon of embodied dreamwork as experienced by the research participants.

I grouped the preliminary expressions of the phenomenon in a process known as horizontalization. In horizontalization, "every expression is relevant to the experience" (Moustakas, 1994, p. 120). I extracted statements and phrases that pertained to the phenomenon of embodied dreamwork from each of the interviews, eliminating any

repetitive expressions. I then identified categories, or themes, using an inductive process of remaining open to discovery, as well as reducing and eliminating expression to find the “invariant constituents” (Moustakas, 1994, p. 120). I simultaneously read and listened to the tapes, highlighting phrases within each interview and across all interviews. I also checked my field notes to get a visual impression of each participant and looked at her artwork to recall the presence of each participant by listening and visualizing them anew. This listening visually helped me to identify nuances in silence, tone of voice, or emphasis on words that showed emotionality. My field notes helped me to verify nonverbal language that accompanied emotionality, if it had not been documented in the taped interviews. I wrote in my journal to identify any pre-reflective experience of the participants that could be relevant. Keen (as cited in Moustakas, 1994) suggests that “pre-reflective experience” of the participants can be informative as horizons to the phenomenon (p. 96).

Formulated meanings and emergent themes. From the significant statements, I created invariant constituents. I checked to see that the emergent invariant constituent was “necessary” (Moustakas, 1994, p. 121) to understanding the phenomenon of embodied dreamwork and that it was “possible to label” it (p. 121). I read the transcripts and reflected on my own personal experience of embodied dreamwork and then put these reflections aside (bracketed them) to become more present to the data I was reading. I constantly went back to my positive experience with embodied dreamwork and made sure that my thoughts were not being interjected into the study (Creswell, 1998).

I read each transcript another time looking for specific words or sentences the participants used to describe the phenomenon “explicitly” (Moustakas, 1994, p. 121), as

well as words that were “compatible” (p. 21). The invariant structures, nonrepetitive, nonoverlapping statements were linked under possible categories.

Construction of individual textural descriptions. I then constructed for each research participant a written description of the phenomenon of embodied dreamwork using the participants’ verbatim examples. These textural descriptions revealed the *what* of the experience (Moustakas, 1994; Jue, 2004). A total of 250 meaning units emerged from the participant statements, then I used my own language to describe the experiences of the participants. Table 2 gives examples of formulated meanings for one participant.

Table 2. Examples From Embodied Dreamwork Experience of One Participant

Significant Statements	Formulated Meanings
I am sitting on the sofa. It's beige, round. It's leather. It's the same as my real sofa.	Participant describes the dream environment—where she is sitting in the dreamscape.
My mother is sitting next to me—like four inches away.	Participant describes her close proximity to her dream mother: “four inches away.”
She is wearing this white, stay-at-home, comfortable working gown with blue flowers; she likes flowers.	Participant enhances the image of dream mother by describing what the dream mother wears, the color of the garment, and how the garment is used (for example, “a stay-at-home, comfortable gown—white with blue flowers”).
I almost feel like I am in the air (seeing mother in comfortable clothes).	Participant experiences seeing her dream mother in comfortable clothes as a floating, relaxing state in her mind.
We are looking at each other because we are speaking.	Participant describes her interaction with the dream mother: “speaking and looking at each other.”
The tone is very mellow—very calm. It makes me feel peaceful.	Participant describes how the mellow voice of her dream mother calms her.
My eyes become very wide open and scared, I look around (at the scary part when I call out for mother).	Participant describes her anxious state as a somatic experience in her wide eyes.
It is almost like I need my mother next to me not to be scared.	Participant describes needing the dream mother to feel safe.
It made me feel relaxed. I liked it because I can explain my dream and I can feel what it is like to feel calm and to be scared at the same time.	Participant states that the embodied dreamwork “relaxed” her, she could experience two simultaneous affective states—being “scared and calm”—and could “explain” her dream.
I get seizures because of the toxoplasmosis in my brain. I get very scared. Now I realize if I don't get scared, I can control the seizure if I am calm.	Participant makes meaning: “figures out” that seizures make her anxious and expresses gaining agency to calm herself to be less afraid of the seizures.

Trustworthiness. Trustworthiness is the term used in qualitative research to describe the veracity of the data (Berg, 2007; Creswell, 1998; Lincoln & Guba, 1985). In this study, I engaged in prolonged engagement in the field. I spent seven months collecting data and four months analyzing it. I used multiple data sources, such as semistructure interview, field notes, journaling, and art work. I debriefed and discussed my initial impressions of emergent themes with the chair of my advisory committee, peer researchers, and a research group composed of two qualitative researchers and a research editor and coach. I sent one of the interviews to a researcher familiar with embodied dreamwork to look at the themes I had developed with fresh eyes.

Throughout the process, I discussed the Spanish text with a Puerto Rican professor who is herself acquainted with dreamwork. I specifically consulted with her about the simultaneous translations of two dreams that were related to me in Spanish. The discussions helped me to clarify any ambiguity in translation, particularly with respect to Puerto Rican idioms, such as *las machinas* (amusement park) and *chevere* (awesome). I did member checking, as described above. I wrote field notes after each interview and kept a written journal and engaged in art-making. The latter served to help me to reflect upon the project as well as to monitor my bias on the subject.

From the transcripts of the individual interviews, a descriptive individual textural description was created, using the participant's "verbatim examples," (Moustakas, 1994, p. 121). These individual portrayals are intended for the reader to become familiar with the participants' lived experiences of the phenomenon of embodied dreamwork.

Individual Textural Descriptions

Rosa. Rosa, a soft spoken woman of 42, wearing a khaki cap and blue jeans told me she had spent her childhood and adolescence in Puerto Rico. She was born in Santurce, Puerto Rico. Her level of education was 9th grade. She moved to New York when she was 16. From there she moved to Rhode Island and now lives in Boston. She travels for pleasure to Puerto Rico but has not returned to live there. Rosa is disabled. She is HIV positive and has toxoplasmosis. She said she has seizures because “the virus stays in your brain.” She takes medication for HIV, and hepatitis C. She said, “I am also depressed.”

Rosa dreams in Spanish. She does not dream often. “And, sometimes I don’t remember my dreams.” Rosa said she does not carry any cultural values about dreams; for her “a dream is just a dream.” Rosa had the dream she shared two days before we met. She stated that she has “a very healthy relationship” with her mother. Before Rosa had this dream, her mother had been staying with her and then returned to New Hampshire. Rosa’s dream is: “I am in my apartment. I am sitting on the sofa, me and her are having a conversation. Then I get up screaming, ‘mother, mother.’”

Rosa’s dream environment was an apartment. When I asked about the dream apartment, she responded, “It’s the same as my apartment.” The dialogue continued as follows:

Where are you in the dream apartment?

I am sitting on the sofa.

Describe the sofa.

It is beige, a round sofa, beige.

It's leather; it's the same as my real sofa. My mother is sitting next to me.

Rosa now has established an environment where an event is taking place. The dream sofa began to take shape, color, and texture with each additional description. The image became more vivid with Rosa's elicited sensory responses. She associated the dream sofa with the day world sofa she owns. It is a familiar place to her. But now all the senses are focused on what the sofa looks like, and feels like.

Rosa's proximity to the dream mother was not known and to clarify that, I asked,

How close?

Like four inches away.

I reaffirmed with Rosa that I had heard her say "four inches." The repetition was used to focus Rosa on the image and elicit more details that would develop the dream image of the mother further.

She is sitting very close to you, only four inches away, what is she wearing?

She has some kind of gown for staying home all day.

She is wearing like a kind of gown for working around the house?

That is the kind of gown she has to stay comfortable in the house.

Once Rosa developed the dream image of her mother, the questions focused on her affective state. However, she was unable to articulate her affective state, so I continued to probe.

What is it like to see your mother in a comfortable gown?

I like to see her in comfortable clothes.

How do you feel?

It makes me feel good because I know she is comfortable.

Knowing that she is comfortable in this gown, can you tell me what color it is?”

The dialogue continued to increase the sensory experience of the dream mother.

It is like white with blue flowers; she likes flowers.

She is wearing this white, comfortable working gown with blue flowers?

Yes.

And she sits very close to you. And as you are watching her, you feel comfortable because she is comfortable?

Yes.

And you are four inches apart, very close?

Yes.

Is she looking at you?

We are looking at each other because we are speaking.

Now Rosa established the type of action that was going on, a conversation between her dream self and the dream mother. The mother-daughter conversation took place in a familiar place and with the mother and daughter in close proximity. At this point it was unknown what kind of conversation the two were having. The following questions explored that.

Can you tell me the tone of her voice?

The tone is very mellow, very calm.

What is it like to hear a mellow, calm voice?

It makes me peaceful.

Having established the existence of a “calm” and “peaceful” state, the next questions focused on body awareness.

Where do you feel the peace?

I feel relaxed in my whole body, my head, my body, my mind, very relaxed. Her head bowed a little as if she were sleepy. I asked her to stay with the feeling of relaxation throughout the body as she had a conversation with her mother in a mellow voice while she was wearing a white dress with blue flowers that is comfortable. She paused. “Then, “what happens next?” I asked. Rosa replied, “I wake up screaming scared.” She opened her eyes wide as if she had great fear. Rosa had experienced two affective states, a calm, peaceful state, and fear manifested in wide eyes. The fear was dramatically palpable in her face. I asked her if she would go back to the dream to the place where she sat with her mother.

Can you get into that space where you are having a mellow conversation with your mother?

Yes.

My next question focused on getting Rosa to experience from the perspective of the “other,” the dream mother.

What is it like to be comfortable for you?

I feel relaxed in my body. I almost feel like I am in the air.

From the perspective of the dream mother with the mellow voice, Rosa had assumed a relaxed body. The fear seemed to be in the ego-syntonic character, the dream self.

Questions focused on the sensory experience of fear, “And now, let’s go to the other place, the scary place. What happens to your body when you are scared and call your mother’s name?” Rosa’s response was, “It is in my eyes. My eyes become very wide open and scared, I look around.” I encouraged her, “So, stay with the eyes wide open as

you are scared and are looking around. Feel that?” She answered, “Yes.” Rosa had now experienced two affective states and anchored them in the body, a calm and relaxed state “throughout the body” that, according to Rosa, “almost feels like I am in the air” and fear in the “wide eyes.” When asked if she could hold both states together she answered, “I don’t feel anything when I mix them.” However, when she returned to feeling the relaxed state, she was able to move back to the fearful place in her wide eyes and made the association, “When I get to the scared part, the first thing that comes to mind is a seizure.” Following this realization, she was able to move back and forth between relaxation and fear. I asked her, “If you put together the wide eyes that remind you of a seizure and the calm, relaxed body of talking to your mother in a mellow voice, what happens?” After a long pause she responded, “It feels like I am both scared and calm.” Rosa said the embodied dreamwork “made me feel relaxed.” She liked that,

I could explain my dream and I can feel what it is like to feel calm and to be scared at the same time. I get seizures because of the toxoplasmosis in my brain. I figured out that I am scared because of the seizure. I realized that when I get seizures ... I get very scared. Now I realize I have to control that, I can control the seizures if I am calm.

Rosa gained agency to take action to relax and be less scared of her seizures.

Rosa’s visual expression was a drawing of the sofa. “That is me, and next to me is my mother, we are talking.” She sounded proud to have “bought the sofa with my own money. I love it. It has been with me for eight years.”

Orquidea. Orquidea arrived with a sunshine smile. She wore sunglasses in December and a bright pink blouse. Her partner accompanied her to the interview. He

inquired if I was interested in male dreamers. I did not want to discourage him and said that in the future I might be interviewing men and women but at that time I was interested in women's dreams. He waited patiently outside during the interview. Orquidea was the first dreamer I interviewed. She does not recall dreams often, "I remember, maybe two to three a month." I had known Orquidea in a previous job and she knew of my interest in dreams. When I sent invitations to possible participants she was eager to participate. Although I wanted to limit participants to age 40 and older, I accepted Orquidea who was 38 because she was enthusiastic. Orquidea was born in Carolina, Puerto Rico, and lived in New York City as a child, then, moved back to Puerto Rico until 1998 when she came to live in Boston. She had an associate degree from a community college. Orquidea is a mother of four children between ages 11 and 20. At the time of the interview, she was unemployed. Orquidea is HIV positive and suffers from depression. Orquidea disclosed that her ex-husband committed suicide. She also said, "You are the first to know about this dream. I was scared. I did not want to share this with no one." She had had the dream she wanted to work on half a month before. She does not write her dreams. When I asked her how she remembered her dreams, she said, "I don't know how I do it, but it depends on the type of dream." Orquidea believes that dreams are revelations and can be messages from the departed. Orquidea dreams in Spanish.

Orquidea described her dream:

I am in the house that I used to live in 1996 with my daughter's father. He is in a casket and I walk inside the house, and I look and see that he is inside a casket. It is during the day. I walk out of the house to the stairs and all of the sudden people are screaming inside the house. Because I am in Puerto Rico, they are screaming

with *ataques*. All I see is that the casket is empty. When I see the casket is empty and I look at the right side of me, he [is] standing. Then he's inside the casket. He's dressed in black and white and out of the casket he is dressed like me in blue jeans and a t-shirt, the t-shirt we made with his picture, he has it on. So, I look at him and I walk towards him and he grabs my hand and I feel his hand really cold and I start crying and he tells me not to cry. So, I'm like, this can't be real because you're dead, but for me it was like it was real at that moment. He holds my hand and he says, "Let's go to my room." This is his room when we got married and there is a round bed and the cover is red and gold, shiny all around. He tells me to sit down. When he is holding my hand I cannot feel it cold. I am nervous; I ask him, "Why did you commit suicide?" And, he is touching my hand, and he is telling me that he is going to let me know some time. At that moment I remember myself crying in the dream and at the same time I feel I am awake jumping in my bed. There is a moment in the dream, where I am back in the dream because I am thinking I am in my bed jumping. He tells me to lay down with him on the bed on top of his chest. At that moment he does not have the shirt on but when I get that contact, he is very, very cold. I ask him the question again, "Why did you do it?" When he is going to tell me, I don't know if there's a noise or something outside. I wake up crying.

My first questions were to clarify what she meant by *ataques* and her relationship to suicide. "They have *ataques de nervios*?" I asked. She answered. "Yes, some people put the caskets in the house instead of a funeral home." The research participant refers to *ataque de nervios*, the somatic distress response commonly reported in Puerto Rico with

symptoms of “screaming uncontrollably, attacks of crying, and trembling” (Guarnaccia et al., 1996). I continued with clarifying questions, “In the dream you wanted to ask why he did it. Has that not been resolved?” She replied, “No, they investigated but it has never been resolved.” I continued, “And the association to the house?” She answered, “When we first started going out we went to his parents’ house, and it was that house in the dream, I was in college and he was not in college.” The probing continued, “And the association to the room?” Her answer was, “I was there all the time, when I was in that house, I was scared to be in the living room with the family, I was inside that room all the time.” Mindful of safety and to respect Orquidea’s autonomy, I said, “This is your dream, you have control of the situation in this dream. I don’t control it. OK?”

Orquidea’s dreamwork began in “the stairs in front of the house.” In order to have the participant notice the images, questions focused on descriptions of the surroundings. I asked, “Can you describe the stairs?” She replied, “They are wide. There is a black rail on both sides of the stairs.” Once the environment was established, the effort is directed at what she was doing in that environment. I asked, “Where are you?” She responded, “I am standing on the first step of the stairs.” Her action was “standing.” From her association, the place is familiar and uncomfortable. From that standing position, questions were asked that encouraged Orquidea to notice the dream self further.

Do you feel your feet as you stand there? What are you wearing as you stand on
the first step of the stairs of this house?

I have a white t-shirt with blue jeans.

And, are you wearing shoes?

I am wearing sneakers.

And can you tell if you can feel the weight on your feet as you stand on this first step?

Yes.

Orquidea established an identification with the dream self as having weight, color, and texture. The affective state was unknown at that time.

What is it like to be standing here with a white t-shirt with a picture on it, wearing your jeans?

I am lonely.

The affective was now named as loneliness. This loneliness was then anchored in the body.

Can you say where the loneliness is in your body?

In my heart.

The feeling is further deepened.

Can you sense into that lonely feeling in the heart?

Yes.

She weeps.

What is it like to have a lonely feeling in the heart?

It is broken (weeping). It feels terrible.

She weeps silently with her broken heart and after a pause she told me the next part of the dream.

“I am inside the house.” She went on to describe, “I see a lot of flowers, a casket with [name of husband] inside.” The environment now includes the flowers and casket as well as the house and the stairs. At this time spatial relationship to the dream husband

is unknown; I asked a question to establish distance: “Can you tell me how far you are from the casket?” She replied, “Maybe three feet away.” Orquidea’s environment now included the surroundings and spatiality between her dream self and the casket with dream deceased husband. Upon further inquiry of what she noticed, she reported, “I am alone, the other people are in the kitchen.” I probed, “What do you hear coming out of the kitchen?” She replied, “Just noise.”

The dreamwork questions continued to enrich the images. I noticed the participant became tense, her shoulders shrugged. I asked, “You see the casket that is three feet away from you. What is your feeling as you see the casket?” Orquidea responded, “I want to scream and cry.” I continued, “And, that feeling of wanting to scream and cry, do you notice where it is in your body?” Her voice dropped and became soft, “In my chest.” I asked, “So, you experience this wanting to scream and cry in your chest. What is that like?” She points to her chest, “It is like pressure in my chest.” I repeated, “Pressure in your chest. Let’s stay with that pressure in your chest a bit. Can you feel it?” She confirmed, “Yes.” Although Orquidea could not label her dysphoria, she embodied the desire to scream and cry in the chest. After a pause and asking what happens next, she answered, “I am going back inside the house, I am walking slow.” She extended her arms as if holding on to something. I ventured, “Are you holding on to the rails?” She answered, “Yes.” I went on, “Before you go back inside, can you tell me how it feels to stand here?” She replied, “I am scared.” I probed again, “Can you tell me in what part of your body you feel the scary feeling of going down stairs?” She responded, “In my hands, they are shaking.” Her hands began to literally shake. I said, “Pay attention to the shaky hands for a bit more before we move on.” She paused. At

this time Orquidea had experienced three embodied states, the loneliness in the heart, the pressure in the chest from the distress of seeing the casket, and the shakiness in the hands from feeling scared of going back down the stairs.

The closer Orquidea got to the dream husband, the more affect she showed. She became visibly shaky; her body trembled. When I asked Orquidea what happened in the next part of the dream, she responded, “I talk.” I clarified, “You talk to him?” “Yes,” she answered. “What do you say?” I inquired. She responded, “This is not real. It cannot be happening; you’re dead.” I asked, “How do you talk to him, what is your voice like?” “Low and scared,” she replied. She paused to take time to feel the low and scared voice and moved to the next part of the dream. She reported, “He holds my hand.” I said, “Pay attention to the hand as he holds your hand, what is that like?” “It is scary, but at the same time I don’t want to let it go.” Orquidea’s relationship to the other character in the dream shifted from being “three feet away” to “holding hand.” She experienced the fear of being with the “other” and at the same time “not wanting to let go.” I encouraged her, “Stay quietly experiencing the feeling of not wanting to let go. Can you find that in your body?” She answered, “Yes, it is in my heart.”

We continued the exploration. “What is next?” I asked. She responded, crying, “It is so beautiful, the round bed almost shines like gold.” I asked her to stay with the feeling of the round bed that shines like gold. “What is it like in your body to have that feeling of the round bed with gold that shines?” I asked. “I am shocked. I don’t know what I am feeling,” she replied. “Can you describe it?” I inquired. “The bed is red and beautiful and shines with gold. I find it beautiful and unique.” She got quiet as she experienced the “beauty and uniqueness.” She reported what she felt in her body, “It is a

sensation throughout my body that there is no pain—it is like an electricity all over me.” She brushed her hands along her body as she described the experience. The bed became a charged environment with “no pain,” and “electricity” felt “all over” her body. She paused for a while to savor the experience. Orquidea described the next part of the dream, “He holds my hand again. It is cold. I am scared and happy at the same time.” She labeled unaided two opposing feeling states. I asked her, “Can you feel those two?” She answered, “It’s weird because there’s this electricity of happiness and scared emotional pain.” I asked her to stay with that feeling and tell me the next part of the dream. She said, “He is still holding my hand. I really want to smack him.” I questioned, “This feeling of wanting to smack him is where?” She replied, “I feel it in my head and my ears get hot.” I deepened the questions, “What is that like?” She answered, “I feel anger in my ears and my head but I can’t show it.” I continued, “What is it like that you are not able to show anger?” She answered, “It is hard. This is hard.” Another affective state, anger, had been embodied in hot ears.

In the next part of the dream, Orquidea became closer to the dream husband. She said, “I lay down with him and my head is on his bare chest.” I asked, “What is it like to have your head on his bare chest?” She replied, “It is beautiful.” Once more, I invited Orquidea to anchor the feeling in the body by asking, “Can you tell me where you feel the beauty in your body?” She answered, “It is in my heart and now all over.” After a pause, we continued, “Then?” I asked. Orquidea replied, “I question him. He touches my hair and he lets me know that he will tell me in time. But I want to stay there in the dream, I don’t want to leave the dream. I just want to stay there.” I probed, “What is it like to hear that he will tell you another time?” The participant coughed several times,

then said, “It hurts because I want to know now.” I asked, “And that feeling of wanting to know, where is that in your body?” She responded, “In my chest.” I continued, “How does it feel in the chest?” She replied, “Angry.” I probed further, “What happens to the chest when you get angry?” She answered, “I feel pressure and fast heart beats.”

Orquidea experienced various affective states: loneliness, fear, happiness, aesthetic beauty, a painless body, and anger. At first she was not able to hold all affective states together. She said, “It exasperates me.” However, when she felt the beauty and the electric sensation in her body and contrasted it with the anger in the hot ears, and weaved that together with the scary feeling of the cold hands and the lonely feeling of standing on the stairs, she responded, “It is like an emotion. Like a feeling of wanting to stay there (in the dream) and not coming back, the feeling of not wanting to wake up, but at the same time I feel so pressured.” At the end of the dreamwork, I asked, “How are you feeling now?” Orquidea responded after a pause, “Just sad.”

Orquidea’s response to the experience of embodied dreamwork was, “I loved it.” She was shocked that she “could bring the dream back.” I asked, “How is your emotion now?” She responded, “I feel good because you are the first to know about this dream. I was scared. I did not want to share this with nobody [*sic*]. No one would understand.” I asked Orquidea’s input, “And, in the dreamwork that we did was there anything we did that you [would] rather not have done?” Her answer was, “No.” I asked, “How was the pace, did I go too fast, or too slow?” She replied, “No, it was OK.”

Orquidea drew a response picture and told me, “It is a round bed with the golden shine and this is me and my daughter’s father.” I asked her, “What is it like to see this picture?” She responded, “It’s like being there.”

Orquidea made connections to her cultural beliefs. Her husband committed suicide in 2003. She found it “weird” that she had that dream now. I asked her, “So, what do you think?” She replied, “I believe it may be a message.” I asked her if believing in messages from dead relatives was a common practice in Puerto Rico. She replied, “Yes, and it is a very common thing for me to get messages and visions.” “Visions?” I asked. She answered,

Yes, you can get a vision and you don’t know if it’s about the past or the future because you don’t know if it happened or not. With me, I have had a lot of visions, but most of them were before they happened. His death, I had as a vision when I was 18 years old. I saw how he died in a dream.

Tulip. Tulip arrived at the office with her husband. She has a quiet presence and held nervously to her purse. She spoke softly and walked slowly. Tulip is 46 years old and the mother of four children, ranging in age from 31 to 26. She does not work. She said, “I am a housewife. I worked a long time ago when my kids were little.” She was born in Guamo, Puerto Rico. She graduated from high school. Tulip has lived in Boston for 32 years. She has not gone back to Puerto Rico to live but goes back to visit family. Tulip had a car accident in 2000 that left her with a broken hip, back, and leg pain. She also had 70 staples on her head. She said that during the accident “my leg came off and had to be screwed.” She suffered from back pain for three years until an MRI was done and it was found that her disks had fused. She did not have any mental health issues but suffered from high blood pressure and high cholesterol. She took medication for those ailments. Tulip reported that sometimes she sees things before they happen in dreams.

When I dream and I don't remember, I begin to think, I have seen this before, where did I see this? Then, I realize I have seen this in my dream. I have seen my brothers playing cards in my dream and the next day I see the same movements in cards that were in the dream.

Tulip told me she dreams in Spanish. She was eager to tell me her dream, When Orquidea told me about the dreamwork, I said I want to do it because I want to find out more about the dream because I know this means something because some of my dreams come true.

Tulip's mother is dead and Tulip had this dream twice. She lit a candle because she thought,

To myself I am thinking that maybe I needed to say sorry to her about something, or maybe she wants to apologize to me about something. I don't figure it out yet. I keep on thinking about this dream. The dream came back twice. The last time, two days ago, and maybe it is saying your mother is here and you don't recognize her.

She woke up from the dream, "Nervous; my hands were sweaty." Tulip said she was "afraid" her mother "may need something" from her. She ended her understanding about dreams by saying, "It is a mystery."

I explained that in this type of dreamwork "there is no interpretation, but because you are going to be in it, you may have some understanding of the dream for yourself." Tulip showed nervousness, she wrung her hands. I said, "It must [make you nervous] to come to do this—let's take a few minutes to relax. Let's breathe together, in and out." I

reassured her, “If during the dreamwork I am taking you too fast or too slow, let me know. This is your dream, you have power.” Tulip told me the following dream:

I am in a house—it looks like a party—and some man and I can’t figure out who the man is but he says, “Your mother is there in your house,” and I know in the dream that my mother has passed on, but I say “MY MOTHER?” and he says, “Yes, she is at your house.” And I walked up a hill made of rocks and she was waiting. I was walking up the hill with some type of high-heel shoes, and it is raining and I am wearing high heels. And, I have to hold on because I am afraid I am going to fall. There are leaves falling from the trees and it is raining and I get to the top of the hill and there is a little stairway, narrow. I have to go sideways to go down because it’s so small. And when I walk down and get to my porch, the door opens and my mother comes out in a wheelchair with one leg up—straight up. When I look up to see her, her face is all disfigured, like a skeleton. One side of the face is OK, but the other side looks like it was destroyed—like a monster face. I ask her, “What are you doing here, what do you want from me?” She tells me to push her back in the house and when I push her back in the house she turns and yells something and slams the door and that is when I jump out of the dream.

I clarified the participant’s association to the person who tells her about her mother. She said, “He’s a stranger.” She said she also did not recognize the dream house. “The party is in a strange house.” The dream mother’s house also seemed unfamiliar—“I didn’t even recognize the house.” The association to the mother is that she passed on. Having made these associations, I asked the participant to take me to the beginning of the dream:

I am in a house.

Can you describe the house?

Inside the house there is a big window right around it.

She continued describing the window, “It looks like a door but half way.” I asked her to describe the light inside the house and she responded, “It looks like not that light but it is light.” I encouraged her to amplify the image, “What time of day is it?” She responded, “It is daytime.” I asked, “And, you see a window by the side—how far are you from the window on the side?” She responded, “Close.” She continued, “I have a plastic cup of coffee in my hand.” I asked, “Do you know the color of the coffee cup?” She replied, “Yes, I see it. It is red.” In the hypnagogic state, aided by probing questions, Tulip enhanced the images, providing details that got her to experience those images with a vividness close to her dream reality. Tulip located herself within an unfamiliar dream house that has a window on the side, and her spatial relationship to the window is “close.” She added that inside it was daytime but “not so light.” I inquired, “How are you standing?” “I am standing like talking to someone who is sitting on a couch like I was facing that person on the door.” I probe for further description of the environment,

Tell me about the door.

The door is wood.

What color?

It is light. I see people outside.

Tulip now recalls texture (“wood”), color (“the red cup”), lighting atmosphere (“not so light”), and a spatial relationship to the person she is facing by the door (“close”). I questioned her about her feelings. I asked, “So, from where you are standing, holding

this red cup, at the door, what is it like to stand at the door holding this red cup?” Her reply was, “It is like I am happy at this type of reunion—a family reunion.” Tulip identified the affective state: “happy” about being in this “family reunion.” I continued to ask questions that helped her to embody the image.

Can you find that happiness of family reunion inside your body, where would you locate that?

People around me are smiling.

Yes. Can you find the happy feeling inside?

It is a relief in the chest.

The happy feeling is anchored in the chest area. I encouraged her to stay with the feeling. “Try to hold to that relief feeling in the chest as you are standing by the door holding the red cup looking in at the person on the couch and also looking at people outside.” “I am happy and also deep inside I feel sad,” she said. Tulip identified an opposite affective state, “sad” within this environment. I clarified, “So, are you happy to be in the reunion?” And she answered, “Yes.” Curious about the opposite feeling, I inquired,

And the sadness—can you talk about the sadness?

It is like I am surrounded by people but I don’t know some of them and deep inside me I am missing something.

Can you stay with the sad feeling, where is it?

I miss my family. I miss my mother (crying)

So, this sadness is about missing your mother?

Yes, and my sisters.

Tulip named her affective state “sadness.” The grief was about “missing my mother and my sisters.” Tulip had already embodied a “happy” feeling in her chest. Next we explored where the sadness resided.

So, can you find the sadness of missing your mother, your sisters, and the people you know?

Yes. It is in my chest.

So you have a sense of relief in the chest when you think about the happiness of being in the family reunion and sadness in the chest when you think about missing your mother and people you know?

Uhum.

Tulip took me to the next scene in the dream. “I am standing and this man says, “Your mother is at your house.” I asked her to describe the man, but she does not see a face.

Do you hear a voice?

Yes, I hear a man’s voice.

What kind of voice do you hear?

A deep voice.

In what tone does he talk?

He just says, “Your mother is at your house” and don’t know what happens, I leave.

So you go from one scene to another scene in the dream?

Tulip described how a masculine “deep voice” transitioned her from the place of the “family reunion” to the next part of the dream:

I am in some rocks.

Can you describe the rocks?

They are like big, round rocks, like gray and they are like a path with slippery leaves.

So this gray, round rock path is slippery?

Yes, it is raining really hard.

Tulip began to enhance the dream environment very vividly.

Can you feel the rain in your body?

Yes.

What is the temperature?

It is really nice, fresh—it is not cold.

Do you know what season it is?

No. I have summer clothes on.

Tulip created an environment where she was taking action precariously. I tried to confirm what she said,

You have summer clothes on and the rain is falling on you and you are walking on slippery rocks?

Yes and I have heels on.

And, you have heels on. Can you describe the shoes?

They look like sandal type with about one inch heel.

Are they like shoes you wear in real life?

Yes.

And how does it feel to be walking on slippery rocks?

I am holding on to a fence.

She described the fence as a “tall, silver fence” and “metal.” Tulip said, “I am holding with both arms.”

The more questions I asked, the more vivid the image became and the more Tulip participated with the images from within the dream. She experienced the dream self wearing “summer clothes,” under the rain that is “not cold, but fresh,” and she is wearing “sandal-type” shoes, walking dangerously through slippery rocks,” holding with “both arms” onto a “silver,” “metal” fence. I probed further to identify affective states:

So, your two arms are holding on to the fence and you are walking how?

I am holding and walking slow.

Hold on to that fence as you walk slow on the slippery rocks. What is the fence

like in your hands as you hold on?

It is like a security.

Can you feel that security in your hands?

Yes, I can feel it.

What is it like to feel secured hands?

I feel safer.

Can you feel the safety inside your self—your body? Where would you say it is?

In my throat, in my chest, in my mind. I think I hold on to things, here it is safe.

Tulip arrived at a state of “safety” in her “throat, chest, and mind.” But we had not yet explored the dangerous territory.

Can we go back now to walking with heels on the slippery rocks?

It is scary.

I inquired about associations, “Does this remind you of anything in your life? The slippery rocks and holding on?” She replied, “No.” She began to describe the subsequent part of the dream.

I see myself going down stairs that are very small and I can only go sideways. I don’t know how I get to the porch, but then I am there. I remember the porch as brownish. The house is green—light green. The door that my mother comes out is a double door.

Let’s slow this down a bit. You go down the stairs, they are narrow and you can only walk sideways. What is that like to be in such tight spot?

It is stagnating. It is not safe. It feels like I am going to fall.

What is it like to think you might fall?

It is scary.

Can you feel that scary part in your body, of maybe I will fall?

It is on the back of my head.

“What is the sensation?”

It is a tingly, like a nerve.

“It feels like a tingly sensation on the back of your head like a nerve,” I repeat.

Tulip described the next part of the dream, “Then I am in the porch and I see the double doors. The house is concrete and the floor is maroon.” We proceed with the dreamwork:

What is it like to be standing on this maroon concrete porch looking at the double doors?

I feel I am just waiting.

What is it like to wait here?

I am anxious.

Tulip has identified her affective state of anxiety.

Where do you feel that anxiety in your body?

My heart beats faster.

Tulip anchored the anxiety in “faster” heart beats.

So stay with the fast beating heart, tell me what happens next.

She paused briefly before talking again.

I see my mother. The first thing I see is the straight leg.

Is she in a sitting position?

Yes she is in the wheelchair.

I checked for associations:

And in real life did she have a wheelchair?

No. She is sitting in a wheelchair with one leg sticking out.

What is your feeling as you see your mother in a wheel chair with one leg straight out?

I am surprised and scared.

Tulip identified another fearful affective state in her dream.

Can you tell me what the sensation is in your body?

I feel shaking, scared and I feel cold and hot sweats in my body.

Tulip was enveloped in the image of the mother that scared and surprised her. She literally shook. Trickle of sweat rolled down her forehead. She remained silent for a while, experiencing her body. Then, returning to the dream inquiry, Tulip answered, “I ask her [dream mother], ‘What are you doing here?’ I am scared something bad is going

to happen when I push her in.” The dreamwork was slowed down again so that Tulip could take time to describe and embody the image of the mother in the wheelchair. She continued,

She turns around herself and she slams the door.

Ah, and what is that like to have your mother slam the door on you?

She scares me so much that I jump out of the dream.

When do you see her distorted face?

When she comes out, I see her leg, then I keep on looking up until I see her face before she tells me to push her in—(silence). When I see her my whole body shakes.

Can you feel yourself holding the wheelchair as you are going to push her?

Yes.

What is that like to hold on to this wheelchair that you are going to push? Can you describe the chair?

It is black.

It is a black wheelchair.

Do you see what your mother is wearing.

She is wearing like a white dress.

She is wearing a white dress and you are holding the black wheelchair and you are going to push her in. How do you push her in, fast, slow? How?

I push her slow because I am scared something bad is going to happen. I go along with pushing her in. Slowly, push her in and then she slams the door.

Can you hear the slam?

Yes.

Hear the slam of the door as you are left there. What happens?

After the door slams, I wake up sitting on my bed. I wake up shaking just like I was shaking in the dream.

Tulip got as close “holding the wheelchair” to her dream mother as she could.

We returned to the beginning of the dream to retrieve the embodied experiences to combine them with the other embodied experiences. I said,

Let’s go back to the beginning of the dream where you feel happy about seeing everyone, the happiness in the chest? Can you feel that?

Yes.

Can you also feel the deep sadness in the chest of missing your mother and your sisters?

Yes. (crying)

Can you also feel the scary part of walking through slippery rocks thinking you are going to get hurt?

She rocked back and forth.

If we go back and forth between those feeling[s]. If we put them together—the happiness in the chest, the tingle in the back of your neck as you see your mother, and the scary part of having the door slam as you are standing there—can you hold those feelings? (Prolonged silence).

It is like she tells me take one day at a time—it is like one day I can be happy and one day I can be sad and that is part of life.

I asked, “And how is your body feeling, now?” Tulip answered, “Neutral.”

Tulip seemed to be in a very deep state. I asked her to verify, “So you feel neutral as you hear her say one day you can be happy and one day you can be sad and it is part of life?” “Uhum.”

Tulip became very introspective as if she was listening inwardly. When asked how the embodied dreamwork was for her, she replied, “It is like a relief. I think my mother came to tell me that she is still in my life—she is alive and she is gone. She is like a memory.” Tulip proceeded to say she felt “a little sad because going in the dream again is like being with her again.”

Tulip carefully drew a picture of a flower to visually express how she felt after the dreamwork. She did not title her drawing of an orange-red tulip with green leaves. When asked about the picture she said,

It is my favorite flower. I feel relief when I think about my flowers; I feel relief now. It came out as a tulip because it is my favorite flower. These are the colors I want to be with.

Tulip experienced the dreamwork as vivid: “like being there.” She was sad that the image of her mother is now a “memory.” Tulip’s visceral experience in the embodied dreamwork did not change her cultural beliefs. She made connections to her cultural beliefs that dreams can be revelatory or visions. She believed her mother came to give her a message that she could “be happy and sad.” Tulip’s affect changed from nervous to more relaxed, and in her own words, she experienced dreamwork as “a little relief in the chest.” Tulip disclosed at the end of the dreamwork that her sister had been killed and the body had been found “by the smell.” She was very sad about this loss because “we were getting close after our mother died.” Tulip further disclosed her sister was HIV

positive and Tulip was trying to get her to move from New York to Boston where she could see her more often.

Rosa Blanca. Rosa Blanca reminded me of a Christmas tree. She wore a green skirt and a red blouse and had a broad smile and sparkly eyes. She giggled nervously when she chose her pseudonym. Although the name Rosa had already been used, she decided she still wanted to be called Rosa but she would be a *rosa blanca* (white rose). Even though she had lived in the mainland for more than 15 years, she requested that we speak Spanish, claiming that her English was poor and she preferred to be interviewed in Spanish. My heart sank when she said this. I had purposefully selected to work with bilingual women to avoid translations and perhaps missing information that could get lost in translation. However, she was bilingual, and Puerto Rican. I agreed to translate for the study under the condition that she would correct me when I had doubts. She agreed and when I had doubt about a word, I checked with her and later with a colleague for verification of what she meant. Rosa Blanca was born in Loisa, Puerto Rico. She was 50 years old. Her highest education was 10th grade. She lived in Puerto Rico until she was 12 years old. She lived in Boston from age 12 to 30. During that period, she went back and forth to Puerto Rico, staying in Puerto Rico for as long as two years and returning again to the mainland. At age 30, “after I had my children, I got welfare and went to live in Puerto Rico.” She lived in Puerto Rico for ten years and returned to Boston in 2005, she said, because “many of my family members died, my mother sent for me.” Rosa Blanca said that her reentry to Boston “*No ha sido fácil* (hasn’t been easy).” Rosa Blanca giggled nervously when she told me that she went from 108 pounds to 190. “I eat everything,” she explained, “My grandmother told me before she died, I want you to go

to Boston and get fat, because I was not eating. I was spending my time smoking and drinking, so when she died I came to Boston.”

Rosa Blanca had four children ages 18 to 31. When asked about her health, Rosa said she took medication for high blood pressure, depression, and HIV. During the course of the embodied dreamwork, Rosa Blanca disclosed that she had AIDS. Although she had told her children, she had not told her mother and said, “I am waiting for the right moment.” Rosa Blanca preferred not to disclose her condition to extended family in Puerto Rico because she feared the family would reject her. She reported a case of a neighbor in Puerto Rico who had AIDS,

His family deserted him and threw him food like a dog because they did not want to deal with him. So, I took him in and fed him and bathed him. ... That’s why I don’t tell my [extended] family—only my children because I know what people can do to you. ... I know how they will treat me.

Rosa Blanca said that “it is better to live in the mainland with HIV/AIDS than in Puerto Rico because, “Here I don’t have to worry about that [rejection]. I feel better here because I have more support. I get people to counsel me and some family members here are supportive of me.”

At the end of the dreamwork, Rosa Blanca also disclosed that her 18-year-old son had been killed and that she had suffered an *ataque de nervios* at that time.

About her cultural beliefs about dreams, Rosa Blanca said, “I don’t know whether they [the dreams] are true or not. Sometimes people say that you have to wait until the dream comes true. I have dreamt many things and they do come true.”

Rosa Blanca informed me that she dreams in Spanish. She believes she remembers the important dreams. Rosa Blanca spoke fast and used her hands to help her tell the following dream:

I am in Puerto Rico and my aunt comes to tell me that my father is ill and he is going to die and when I get there he has already gone. I thought he had died.

When asked about associations, Rosa Blanca said the dream house was the same as her house in Loisa. She described the dream house, “It’s on top of my grandmother’s house, and it has three bedrooms.” I noticed her impatience and tried to slow her down by asking again to tell me the dream slowly. I repeat the scene that she described, sleeping in the first bedroom of her house when she hears her aunt calling her.

How does she call you?

She is calling me—Rosa, Rosa. She is calling my name and she calls me twice as if she wants to wake me up. And I say, “What happened?” My aunt tells me, “Your father is very ill.” I noticed that Rosa Blanca is squirming in her chair and slow down the process again to get more descriptions of the images and Rosa’s sensory experience.

Can you feel yourself going down the stairs?

Aha.

How do you go down?

I go down the stairs quickly because it’s an emergency.

How do you feel when you have an emergency?

Very nervous.

Where do you feel the nervousness?

All over my body, I start crying and trembling.

I noticed she started to shake and wanted to check if this was part of the nervousness.

Do you get *ataques*?

No. I only get crying fits and I can't stop."

I wanted to locate where Rosa Blanca was in the hypnagogic state in the dream environment.

Where are you?

I am walking with my aunt, two streets away—about two streets.

How do you feel walking next to your aunt in that emergency?

I want to get there fast. In emergencies you can't wait you just have to go.

Can you feel the sense of emergency right now?

Yes. Now, I do feel like it is an emergency.

How do you feel in the body?

Fatigued (laughs).

Where do you feel that in the body?

All over, I even feel like I am suffocating.

I backtrack to slow the process down again. We go back to walking with the aunt and establishing a time of day,

It is night about two or three in the morning. I don't understand because in real life my aunt can't walk, but in the dream my aunt is walking with me—taking me.

Yes. What happens next?

We get to the house, the gate to my father's house is open, and my cousins are there. When I get there he is not there. He has been taken away.

How do you feel knowing that he's no longer there?

I feel like I need to get going and take a car so I can go and meet him.

So do you take a car?

Yes, I take a car, and when I get there [the hospital] he had died.

How do you know he has died?

I ask.

Who do you ask?

In the hospital, in the emergency room I ask—I don't know if it is a doctor or a nurse that tells me—and I start to cry.

How do you feel?

I am thinking he has also left me, we are only two, my brother and I.

Rosa Blanca changed from feeling to thinking. I wanted to make sure she was in the hypnagogic state and also if she was experiencing the dream self as her own age because her voice became childlike.

How old are you?

I am 50 years old born in Loisa.

Tell me how do you feel in the dream at this point?

I start to cry, and I say, "I can't believe it" until I see him, and when I see him (begins to cry), I see him in the coffin.

Do you see his face?

Yes ... In real life my father is a diabetic, but he says he is going to die from cancer.

Now, Rosa Blanca is out of the hypnagogic state and began to make associations to her day life.

Does he suffer from cancer?

I don't know, he is being tested ... he has had two strokes after being stabbed by a jealous woman ... during that time I had to come to Boston, so I feel like the emergency is like the emergency I had before.

By asking about the dream image, Rosa Blanca is drawn back into the dream environment.

How do you feel looking at his face?

I feel peaceful?

Where do you feel the peace?

Throughout the body (long pause).

I have AIDS.

The dreamer has once again come out of the hypnagogic state to disclose she has AIDS.

Since when?

Two years ago. I am taking all the medications and I don't fool around with that.

Now, the last time they took my blood, it was unstable. I had a car accident in Puerto Rico; I have cervical problems.

After a pause, I draw her back to the dream environment,

Now, we are going to go back into the dream, where do you feel the emergency or urgency of your aunt calling you? The sound of your aunt calling you, “wake up, there is an emergency”?

I get nervous and start crying and walking fast down the stairs *bien rapidito* (quickly).

How does it feel to walk so fast?

I feel like I am in the clouds.

And where is that, the feeling of being in the clouds—where is that in your body?

I get like this (she stretches her arms), as if I want to get there fast.

How does your body feel when you know your father has died and you see him in the coffin?

My body feels like I have no strength in the body when I see my father in the coffin. I feel like I am going to faint. I feel like throughout my body I have no strength and I don’t feel like I can get an appetite.

How is this feeling of lack of strength/that you may faint compared to the emergency feeling of running?

The body feels weak as if it needs a little soup, and if I were drinking, I would drink a lot of alcohol.

How come?

Because sometimes, people say that when people die in order to forget what has happened you take a few beers, but if you take a few beers, you continue.

Where you an alcoholic?

I used to drink but I was not an alcoholic, and I used to smoke but not anymore
because I am in the church.

Rosa Blanca had contrasted two affective states: the feeling of depletion and fainting anchored throughout her body and the feeling of running as if in a cloud anchored in her opened arms. She did not get to experience from the perspective of the dead father but was able to get close enough to feel the “peace” of the dead face.

When I asked Rosa Blanca what she thought of the dreamwork she responded:

I liked this technique because I was able to talk and express myself [unburden myself] and I will continue ... because I lost a child. He was killed.

How old was the child?

Eighteen when he was killed.

When?

Ten years ago.

How did it happen?

It was a fight he had with a friend?

Where?

It was in Puerto Rico. My son won the fight and later the other boy came and shot him.

Did you get an *ataque*?

Yes. I did have an *ataque*. I cried and cried for days and did not eat. I still feel him. I will never forget that.

How do you compare that to last night's dream that you worked on?

I think that this is the same dream. My father dying, my son's death—my grandmother also died and my grandfather. My grandmother told me before she died, I want you to go to Boston and get fat because I was not eating and was too skinny. I was spending my time smoking and drinking and so I came to Boston. It's been four years. I went from 108 to 190 pounds. I now have to live with that reality that those people are no longer with me.

Rosa made connections to her dream “emergency” and her daytime emergencies. She had experienced emergency with her father being in a hospital having been stabbed and the emergency of her son being shot to death. She compared her dream to several deaths in the family. She did not mention her AIDS diagnosis and her blood work being “unstable” as her own emergency. However, when she disclosed that she had AIDS during the dreamwork, she returned to the dream environment and continued to process the emergency from within the dream.

Rosa Blanca was able to move from various dream scenes: her bed, the stairs in her childhood house, the familiar streets of Puerto Rico in the night, the parental house, and the hospital. She moved in the dream in a fast pace and the dreamwork required slowing Rosa Blanca to get her to use words to describe the inner landscape. Rosa Blanca was able to differentiate two affective states: being nervous/anxious, and being peaceful/calm. She got out of the hypnagogic state to disclose her own “emergency” of having AIDS. She easily got back to the dream environment.

When I asked Rosa Blanca, “So, let's go back to what you think about the technique of dreamwork?” She answered:

It was *chevere* (awesome) because I was really able to express myself and get things out. It has been a long time since I had someone to talk to ... that is another word that must be new to you—*desahogo*, to unburden. She laughed. Rosa Blanca used a single brown pastel crayon to draw a heart shape with the words “I Love” inside. The drawing was untitled. When asked about the drawing, Rosa Blanca said, “This is how I feel.” I asked, “How is that?” And, she replied, “*con amor* (with love).”

Amapola (Hibiscus). Amapola is a petite woman with deep, sad eyes. After going over the purpose of the study in Spanish and signing copies of consent, she asked if she could tell me the dream in Spanish because, she said, “My English is very bad because I have some cerebral problem because I used so much drugs.” I agreed, if she would correct me when I needed clarification. Amapola was 46 years old. She was born in Rio Piedras, Puerto Rico. She lived in Puerto Rico until 2001 when she went to Michigan to live with her sister. There she was in a rehabilitation program but moved to be with her mother in Boston in 2003 because the program in Michigan was monolingual (English), and her language skills are limited. Amapola has not abused drugs for two years. She lives in a residential center for women with HIV.

From the onset of the dreamwork, Amapola disclosed, “I was raped.” She said that she was raped by her brother and that she had not told her mother because “he was her favorite son.” At the age of thirteen she left her house. At first she moved to a friend’s house, until the friend’s mother noticed that no one from her family was calling to ask about her. Then, she moved to another friend’s house, until she ran out of friends whom she could stay with. Finally, she lived in the streets and eventually sold drugs to

support her own crack habit. She became infected with HIV as a consequence of using drugs and engaging in unprotected sex. She was diagnosed in 1991 and has not taken medication because, Amapola said, “My T cells are good.” In 2001, after staying with her sister for three months, the sister asked Amapola to start looking for a job. Amapola had never worked in her life. She became anxious and depressed but she did not know what depression was. Instead, she somatized.

She [my sister] would ask me, “What’s wrong,” and I would say, “I think I have an earache.” I would go to the hospital and the doctor would say, “There is absolutely nothing wrong with your ear” (laughs). My sister would come from work and she would find me sleeping, then I would say, “I think it’s my belly, it’s hurting.” They would take me to the hospital and there was nothing wrong with my belly. There was absolutely nothing wrong with my belly, so the doctor said it must be depression ... I knew there was something wrong with me but I did not know what it was. He asked me what was going on and I said that I had never worked in my life and was 39 and I was afraid to go out because I was clean [i.e., drug free] and did not want to go back.

Amapola completed sixth grade. When she was 18 she became pregnant and did not know who the father of the child was. She had a son, now age 29. “I did not want anything to do with him so I gave him to my mother.” She has been estranged from her son. According to Amapola, he now calls to ask for both money and “for my *bendición* (blessing)”.

Amapola believes dreams are real. She dreams in Spanish. She has had repetitive dreams for 15 years. She has told doctors about these dreams, but according to Amapola,

“They don’t want to give me any medication because they know I used crack.” She dreams in Spanish.

This is Amapola’s dream:

I am with my son. I go to take him to the fairgrounds (*las machinas*) in the amusement park and there was a man after me. I was running and he tried to catch me and when he catches me I wake up. He is a very black man.

I pointed out to her that I noticed she was also dark-skinned and asked her to tell me the dream again staying in the present tense. I noticed she has slouched into the chair. I asked her, “How do you feel when you see that there is a man after you?” She responded, “My whole body freezes and I don’t have time to look back.” I probed, “If you start feeling your body, how do you feel when you run away from him?” She answered, “I feel fatigued and my heart is palpitating.” She took a long pause, came out to the hypnagogic state, and said, “I woke up and took an aspirin. I think I could even die from one of these dreams.” We went back to the dream. I told her, “Please try to feel your feet on the ground as you run. Can you feel the hand grabbing you?” “I get too nervous,” she began to cry, “I know he is always waiting.” I don’t know where the safe environment in the dream is. I ask, “He is waiting?” Amapola replied, “I don’t know. I am with my *nene* (child), and I see his silhouette and start running.” I tried to establish safety. “Can you feel yourself holding your child’s hand?” I asked. She answered, “I feel so happy.” Having established a safe place in the child’s hand holding the dream self’s hand, we explored the affective state.

Where do you feel the happiness?

It is in my chest, in my smile, I feel it in my chest.

What do you feel there?

I would live again those happy moments.

Once a safe place was established in the dream, during the dreamwork, Amapola could go back to the scary hand that wants to grab the dream self.

If you hold your dream child's hand and feel that smile and the happiness in the chest and then go to the scary part—when the man is going to grab you—what happens?

I feel very bad because he is going to catch me and he is ruining my happy moment. I feel the little hand in my hand, and the other part is so heavy.

She stays in a deep reverie as if having an inner dialogue.

What's going on?

Something else is happening now. I can take him off. I continue with my baby.

Tell me again, what is going?

I can take my child's hand and continue walking as if nothing has happened?

How do you feel?

I feel super that I can move on. I have never talked about it. I always felt rejected so I didn't want to tell anyone because I went around with the wrong people.

Because of the trauma Amapola associated with her repetitive dream, the time constraint, and my own experience of doing nightmare work, I did not know how close she could get to experience from the perpetrator's perspective. She got as close as she could through the touch of the "heavy" hand. In doing so, she gained insight of connecting why it was that she associated black men with her rape, "That is why I don't

like black men because of what my brother did to me.” She was free to cry, and talk about the event without feeling overwhelmed. “I never talked like this.” Amapola also gained agency, “I know I can cut loose, take my child, and walk away.” She believed that now, “I think I can face it.” She pointed to her chest and said, “I know I can take my child and walk away because I felt it here.

Amapola did a process drawing to show how she felt after the embodied dreamwork experience. Her drawing is titled, *La Casa de los Sueños (The House of Dreams)*. I asked, “And how has this experience been for you?” She said, “It has been very good. Look at this house with my granddaughter. My house in PR had many hibiscus plants. They were beautiful. And here it is the house of dreams; everything is possible in life.” Amapola described the experience as “a house of dreams” and, perhaps, as hopeful, “Everything is possible in life.”

Red Rose. Red Rose’s gold necklaces sparkled against her all-black attire. She is a tall, muscular woman. When I saw her, the picture that came to mind was of an Amazon. She seemed self-assured and asked questions about the study and consent forms. At the end of the dreamwork she wanted to know where I practiced therapy and when I would return. Red Rose was 50 years old. She was born in New York and traveled to Puerto Rico only once when she was young. Her highest grade was 10. She had a daughter. She was in disability because she suffered from diabetes, high cholesterol, and depression.

Red Rose had a choice of any flower name but she wanted to be a “red rose.” Her cultural beliefs about dreams are that dreams can be premonitions of the future. She said:

Well, my mother sometimes will tell me something she dreamed of. She'll dream something—she'll say, like for instance a family member—she'll say, it's going to happen with this one, it's going to happen with somebody else. She feels like it's going to happen when she dreamt about her father he was like 90 something years old and then she said, "Why am I dreaming so much of my father?" and after a few weeks or months he passed away.

Red Rose dreams in Spanish and English. She doesn't remember many dreams, but recalled the dream she wanted to share with me. She had the dream a week before we met. The dream was about her grandmother who passed away "four or five years ago." I asked, "Were you very close to your grandmother?"

Yeah, my mother's children, which [are] me, my brother, and my oldest brother—we always were with our grandmother. Then I moved and married and she got older. I used to take her out. I would go and tell her, "*Abuela*, you want to go out, let's go and get dressed." She would act like a little kid, "*Ay, que bueno, que bueno, que bueno*" [Oh, that's great, that's great.] So, she would get dressed and I would pick her up and take her to a Chinese restaurant. I was always around her. I would take her out and take her to the store. And she always told me, I wish I could hit the lottery so I can buy you a new car. Because we used to go out, I used to go in my car and pick her up.

Red Rose misses her grandmother. At the end of the dreamwork she disclosed that she had had several deaths in the family after her grandmother died. "There are only two left—my uncle the youngest one, and my mother, she is the second."

The following is Red Rose's dream:

And I'm in a house, I don't know if it's my mother's house but I was dreaming that she (my grandmother) was coming to see me and I was there, I think, with my sister. And then she came and then there was like a policeman outside; and she had like a black, I don't know if it's a black dress or cape, or something like that, and she is asking the police officer like if she had the right address, like she was looking for the address. Then, I got up and I went outside to let her know that she had the right place and then that was it.

I reminded her to stay in the present and describe the dream. "So in the dream you are in a house?"

"Yeah, it's either a house or a restaurant ... I know I was sitting down, like right now, me and you are now. I was with my sister and me." Again, I remind her to stay in the present and repeat the dream environment, "You are in a room and you are with your sister sitting across a table." After inquiring about the room she does not see walls, "Me and my sister are in a house or a restaurant but I don't see no walls. The only thing I see was a glass window." The questions increased to expand the details of the window. It is a glass window, she said, "It's two-door size." She sits across from her sister, according to Red Rose, "Like I am sitting right here with you, and the glass thing is on that side on the left. We can both see. For her to see she's going to have to turn around like you did but I can see." Red Rose has given a full description of where she is, a house or restaurant, facing a glass window. As the environment takes shape, so do the characters that live in that space. "And as you are sitting there, what is your sister wearing? Can you see her? Can you see her face, the dream sister?" She answered, "Yeah."

After she describes her dream sister's features, I repeated the descriptions and asked about action. "So your sister is sitting there with her long brunette hair and brown eyes, no makeup on her face, and what are you two doing?" Red Rose answered, "I don't even know. "I felt like I am waiting for my grandmother, I am not sure. I am waiting. It's like I'm waiting for somebody but I don't know it was her." The focus has shifted to the dream grandmother. I asked, "What is she like, the grandmother in the dream?" And, Red Rose replied, "She has on, it is like a black and white image. She has like a coat or jacket—no it was something she is wearing a dress or a cape like a wind breaker in black."

Do you see her face? What is the expression on her face? Take a look.

Like she is lost, looking for a place.

Like she is lost?

So, as you are sitting here with your sister. I repeat what she has said and add, "What is that like to see your grandmother, so lost?" Her voice dropped, "It's like I was worried about her, and that is when I got up and go outside to let her know she is in the right place." Red Rose had gotten to an emotional place but found it difficult to locate.

Can you see where the feeling of being worried goes in your body?

My worry?

Yes, where do you feel the worry? Some people feel the worry in their stomach,

other people feel it in their hands.

I don't know.

How does it register?

Like scared, like I don't want her to think she was lost.

OK, and where does that go in your body, that feeling of being scared?

In my nerves (cries).

And you shake your hands as you say that.

Uhum.

So your hands get shaky, when you see her getting lost, and what happens next?

I get up from my chair and went like to the door because I see her asking the police officer or the security guard, like, if she is in the right place, but I was running out to let her know that me and my sister were there and she was in the right place.

Again, I noticed that she goes back and forth between present and past and remind her to stay focused on the dream images.

We are going to go very slow, so you are now looking at her looking lost, and you get worried and that registers in your body in shaky hands, and then you get up? How fast do you get up?"

Very quickly.

Feel how it is to get up quickly in your body, what is it like to get up this quickly?

Anxious.

Where does it go, the anxiety?

In here (points to chest).

So there is that anxious feeling in the chest because you are getting up quickly, and then what happens?

And then, I open the door.

Slow it down so you feel yourself opening the door. What kind of door?

I don't remember.

OK but the door opens. What is it like for you to see a door opening?

Excited.

And where is that excitement?

All over.

How does it feel to be excited all over?

Good—happy.

We now have two affective states, an anxious state and a happy state.

So allow yourself to feel the happiness all over your body and then tell me what is next.

So I come out and she is talking to the police or security.

OK, let's slow down the talk with the police. You are watching your grandmother talk to the police or security officer?

From the descriptions, we learn that the police officer is "like six feet tall" in relationship to the dream grandmother who is "five foot, two." The officer wore a "uniform with a cap." She distinguished, "He is American, not Hispanic." I asked, "By American, you mean?" "White person," she responded.

Red Rose has now identified three other characters: the dream sister, dream grandmother, and police. She used the cap she had on to illustrate details of the dream cap, "So, the hat is blue with a little black trim, like this one right here." The boundary between the inner dream environment and the outer environment had become permeable. The dream cap had a trim similar to her outer cap. She established the spatial relationship between the policeman and the grandmother as,

She is close.

How does it feel for you to see your grandmother who is so short talking to this tall police officer?

I'm worried because she is lost.

You are worried. Does it feel like the same kind of worry you had before?

It's the same.

Where do you feel that?

Like nervous, like I want to rush to her.

I noticed she started to shiver.

Does it give you the same shaky feeling?

Uhum. "So now you have shaky hands from being nervous as you see her talking to the police officer. What happens next?

I come out and when I come out I think I tell her, "*No abuela, es aquí*" (You're in the right place).

I noticed that Rose's hand's were no longer shaking, and her posture was more relaxed, her shoulders dropped.

And how does it feel to tell your grandmother, *no abuela, es aquí* (no grandmother, it's here)?

Good because I feel like she wasn't lost.

So, what is it like to know she is in the right place?

Good.

Where is it?

All over, in my heart, my hands, my chest. It's like a relief (ahh).

Time was running out and we had not gotten to explore the grandmother's perspective, so I asked if she focused on the grandmother, "Is there anything you did not notice before." She answered, "No." Although Red Rose did not get to experience from within the perspective of the grandmother, and even though her primary language is English, it is through the familial grandmother's language, Spanish, that Red Rose experienced the deep release in her heart.

After she took time to feel the relief of *es aquí*, (it is here) being in the right place, I coached Red Rose to the composite affective states. We moved from the shaky feeling in the hands as she saw the grandmother looking lost outside, the anxiety in the hands of getting up fast, as well as the excitement and relief in the chest of knowing that the grandmother was in the right place. I asked, "Tell me what happens to you inside your body when you stay with those feelings. The shakiness of the hands, the excitement all over, and the relief in the chest from knowing that it is right here, that she is OK?" Tears stream down her cheeks as she cries silently, "She saw me and I tell her she's in the right place." I asked, "What are you feeling right now?" She answered in a quiet voice, "I feel emotional, like I want to cry." After a pause, I continued, "And, say more." Red Rose responded, "I feel like she is watching over me. I always felt that because I have always been more closer to her than my other sisters and brothers or other grandchildren I was always the closest."

Do the words *es aquí* mean something special to you?

Uhum. (crying)

What does that mean to you?

That she is right here.

And when you say *es aquí* you point to your heart.

Yeah. For me it means that she is always there with me and she watches over me. Red Rose said she liked the experience of the embodied dreamwork. For her the images were vivid. According to Red Rose, what she liked was:

To realize that by going into the dream I can feel her. I still feel her (cries), even right now. It's like I am sure, I am so positive that she looks over me, she takes care of me, she is with me. Sometimes in my house I would smell like a perfume or something and I know it's her. I know it's in my heart inside. I say, OK.

Red Rose drew a picture of a multipetaled green flower. The leaf is heart shaped.

The title of her drawing is *Flower, My Flower*. After the art process she said, "I feel happy." She said she did not wish to cry anymore, and that the dreamwork, "is like when I am with my therapist and I let things out of my chest. It feels good."

Lilac. Lilac, is a thin, petite woman with fiery, narrow eyes. She chose that flower name because she likes the smell of lilacs. She wore a leather jacket and black jeans to the interview. A phrase that comes to mind as I envision her is *lista pa'la pelea*, [ready for a fight]. She spoke fast and was impatient. She reminded me she had another appointment and needed to stay for maximum of an hour. She knocked on the door before I was finished with the previous participant to let me know that she had arrived. Because she had interviewed before and the recorder had not worked, immediately she asked, "Is the recorder on. Is it working?"

Lilac is 43 years old. She has never been to Puerto Rico. She said "It is a goal." She was born and raised in New York City. She moved from the Bronx, when she was 10 years old, to Boston and back to New York when she was 18. She also lived in

upstate New York, near Canada. She now lives in Boston in a residential home for women. Lilac dropped out of school when she was in middle school. She is recuperating from a drug addiction she started at age 15. She said she was never addicted for a long time until age 19, when she used crack. She said, she “ended up in situations—I could’ve gotten killed.” She has gone back to using illicit drugs on a few occasions and that is why she now takes methadone. Lilac has four children, ages 26, 21, 18, and 5. She is HIV positive and has hepatitis C, but she said, “More than that I have mental illness, I have severe depression and have been diagnosed with bipolar disorder.” She described herself as “not speaking up and then usually exploding.”

When asked about dreams, Lilac said, “I don’t dream; I go places.” She gave further details, “I believe that when I sleep my spirit leaves and I visit other places.” Lilac reported that she dreams a lot and “fantasizes a lot.” However, lately (at the time of the interview) she had not been able to remember her dreams. The dream she told me was from the previous week when I interviewed her. She said the dream remained alive because “I peed on myself.” Lilac explained that at first she could not recall the dream, then the “emotions of the dream came to me so then I remembered what I felt in that dream.” She reassured me that she usually has happy dreams that “involve me happy ... somewhere having a nice apartment and having a car, and working, and my kids being OK.” This dream was different.

Lilac believes that Puerto Ricans have “many myths about dreams—if you dream about this is because of that, and if you have a dream about this, this is going to happen. Like, if you dream about teeth, they say it means death.” They are like symbols. She heard her grandmother, aunts, and sometimes her mother talk about dreams. But, she

said, “Those were not our values, the things we lived by, but I heard them at home.” Lilac dreams in English.

Lilac recounted her dream:

I remember being in a car and the car is swinging from side to side and flipping and rotating really quick, like it was going to crash. It was going really fast. And I was in the passenger seat and kept on trying to reach in the back for my son and he was smaller in the dream and the car keeps on swinging and I couldn’t get to him and I kept on. I was afraid I was going to lose, that I was going to go down a cliff, and I wanted to hold him, maybe even I did. I don’t know, but I know I was swinging and swinging (she rocks on the chair from side to side). And, I could feel the fear that is why I wet the bed. I know that. It was very real.

Lilac had no association to a swinging car. She disclosed at the end of the dreamwork that her son had been placed in custody of her daughter until she recovers. Lilac repeated the dream again. She could not describe what the car looked like. She described the interior as “a swinging car.” She curled up in the chair until I asked, “In the dream, you are swinging in the car?” She replied, “Yeah, the car is going real fast, and I’m trying to reach to get my baby and the car is going so fast that I can’t—” She sways around in the chair. “It’s like whipping,” she offered. By the low, mellow tone in her voice, I know she is in the hypnagogic state. “Where do you feel that whipping?” I asked. She points to her chest, “I feel it right here.” She continued, “Yeah, on the top parts of my body and even right now I am shaky, like nervous.” She showed me her shaky hands.

We proceeded slowly as she reached for the child. I saw her hands trembling. “I have this big fear that we’re going to fall—that the car is going to fall in a cliff.” I slow

her down by focusing on the position. She twisted on the chair to the left and reached with her right hand. I repeated what she had stated, “You tell me that you are swaying, whipping, your hands are shaking, and now you fear that your are going to fall. What happens when you are in that position of maybe falling?” She answered, “I am horrified; I am scared.” Lilac had difficulty anchoring the feeling of being scared on the body.

Usually, in embodied dreamwork, safety is established before one moves to the difficult parts, but I found that with Lilac, she was already in the scary part of the dream.

However, the process needed to be slowed down as was evident from her response, “I don’t feel it physically, I feel it mentally.” She went back to the same place, and she said, “I am trying but I can’t, you know, for the reason because every time I go to grab him, the car whips around. I can’t get to him.” She continued, “Because of the position that I’m in.” At this point during the dreamwork there was a noise in the recorder as if wind were moving across. I did not know what that meant nor did I discuss it with Lilac. I asked her again, “What happens in that position?” She replied, “I’m just trying, really trying and then I wake up.”

At this time, Lilac came out of the hypnagogic state. I asked, “What happens when you wake up?” She answered, “I am embarrassed; it’s only me in the room but I’m embarrassed. I wet the bed and I don’t know why I wet the bed because as soon as I woke up I can’t remember what happened.” I coached her back into the dream. “If we go back to the dream, to just that moment of fear?” She answered, “I SEE it.” She is back in the dream. “I am trying to get the baby. There is real fear there because I know we’re going to get hurt. I think we’re going to die.” “Is the fear about death?” I asked.

She took a long pause. I asked, “What happens when you hold him?” She replied, “I don’t get to hold him.” Lilac had forgotten a part of the dream, “Maybe I hold him.”

Lilac struggled with the horrifying fear, knowing the baby is in the back. She said, “It is the loneliest, scary feeling.” As the work progressed, her voice softened and became deep. I asked her, “Can you see yourself in the car?” She replied, “I feel helpless.” “Where do you feel the helplessness?” She answered, “I feel it.” She moved her hands slowly. “In your hands?” I asked. Lilac replied, “Because I am trying to reach and grab him and I can’t seem to grab him.” I continued probing, “And now, as you are in the dream, you are holding your hands, what is going there?” She replied, “With my hands? I want to grab him and cradle him. I never got to that part in the dream.” “What about now, in the dream, what would it be like to hold him?” “If I stay, if I am able to hold him, feel safe, no matter what happens I would be safe, I have faith that we would be OK.”

I noticed our time was up and we had not gotten to contrast the fear and safety. I said, “Feel that. And, go very slowly and see if you can sense yourself waking up from the fear of being horrified.”

She got out of the hypnagogic state and jumped from the chair. She said that upon waking she jumped out of the bed and became scared again. She stiffened her back to show me how she had woken up. “And then I was scared but I didn’t know why, I didn’t connect it.” I asked her, “Did you make any connections now?”

Yeah.

Tell me how?

In real life, I feel like my son is being pulled away from me through this DSS. He is being pulled away because DSS took me to court and the judge awarded

my daughter custody; my 21-year-old daughter who has no knowledge, no real life. She's always lived with me, cuddled and spoiled.

How old is the child?

He is five and he's been with me since Day One and now he's with his sisters.

So are you putting this together with the dream?

Yes, in real life my life is spinning out of control and the fear of I can't reach him

is because my daughter is doing the care and she does it in a totally different way, so I can't even connect with him because he's not even responding to me the way he used to. It's different. He even tells me, You're not the boss of me.

And how is this experience?

It's very painful in so many levels. I don't want to cry (her eyes fill with tears)

because I have another appointment. She straightened up to get up, "I just don't want to cry today, and I am not going to let myself cry, but it is very painful."

You can cry any time.

I know (tears), I know but I don't want to cry today because I am going to a group

and I don't want to be boo booed there.

How was doing the dreamwork this way for you?

This time it made more sense. This time I connected it a lot more. The last time I

felt it and this time I made connections to my real life, and why you can have dreams and why they come. They come from emotions.

When we were finished, I noticed she did not run out of the room. She looked animated but not sharp toned. I asked Lilac, “Is there anything else that I didn’t say or asked that you want me to ask or say?” She wanted to know “what this (study) has to do with Puerto Ricans?” I explained to Lilac that I was looking at how a particular population, in this case Puerto Rican, experiences the phenomenon of embodied dreamwork. She wanted to know, “Do all of us Puerto Rican women that you have been studying interpret the dreams the same way?” I told her everyone has a different way of looking at dreams, but the body tells you something about the feelings. She continued asking if I had seen how she experienced the dream in her body—if I had seen that she was inside the dream. I reassured her that she had been right there.

Lilac asked for a black crayon to draw. She said, “I feel like lightning.” She made loud scratches and jagged lines on the paper. Her drawing is titled, *Shock Waves*.

Carnation. This was Carnation’s second time doing embodied dreamwork. The recorder had failed the first time. Carnation has brown cropped hair and deep brown eyes. She is heavy for her stature. She had on a short brown skirt and colorful blouse. She looked tired and, by the beads of sweat on her forehead, hot. Carnation is 51 years old. She was born in Aibonito, Puerto Rico. She lived in Puerto Rico for a short period of time, at around age 5 when she went to the first grade then came to Boston at age 6. Carnation is the last of 12 children. She has a 37-year-old son and three grandchildren. She said that she and her son had been *distanciados* (estranged):

But now we are getting closer. I know he loves me and I love him. He is my only kid. He calls me and I call him and I visit him and he comes to visit me here, not all the time because I can’t have visitors every day.

Carnation completed high school and one and half years at a community college for social work. Carnation is insulin dependent and is HIV positive. She has heart disease, high cholesterol, and hypertension. She also suffers from depression. She lives in a residential house for women who are HIV positive. Carnation described a history of traumatic early child abuse: "My father used to hit me all the time, mentally he abused me mentally and emotionally and sexually. I grew up in the streets."

You grew up in the streets?

I was seven.

You were seven years old?

Yes, and I was running from one street to the other.

And where did you grow up, in Puerto Rico?

Between here and New York.

Carnation described how she had been taken to New York and left in an apartment. She started using drugs when she was eight years old. "Who gave you your first one?" I asked.

It was the foster parents I had. They wanted to rape me all the time so they shoot me drugs so they could use me. I still have burns from cigarettes throughout my body that will never go away.

Carnation said she escaped her foster parents and ended up in another torturous situation.

I met this other guy, my baby's father, and he got me prisoner in a room from when I was eleven and a half until I was having the baby because he got me tied up. Yes, he got me tied up and he raped me every day and he bathed me and he

gave me food with his own hands. I couldn't even touch anything. I don't come out of the room, my legs and my hands was tied and when I got pregnant I didn't even know I was pregnant. I was already six months pregnant and I was still bleeding because I didn't know anything about being pregnant and all that. I had my baby when I was 14. And after I had my baby I left him—I escaped.

At the age of 15, Carnation was incarcerated in a women's jail for five years. She met her husband, who was an addict, while in jail. After five years of sobriety, she relapsed when she came out of jail. However, she used methadone to remain active, working. She said that after her husband died, she relapsed again. "I was deep down, *arrastrá* (down in the dumps). I sleep in the streets and lost everything that I get with him—the apartment, car, my job, everything." Carnation has been clean of drugs for the last two years. She said now, "I have a lot of support that I didn't have before." She had looked for support in her family but it was difficult. "My father—some of them are still not educated about HIV and I go to their house and they give me plastic cups so they can throw it away and that made me feel like shit." Nonetheless, Carnation still keeps contact with her family and feels sad for her mother who had a leg amputation, "I don't know, she thinks she has both (legs)." And, she remarked about her parents, "They are still together, even with all the bad life that my father gave to my mother, they are still together now 66 years."

When I asked Carnation her opinion about dreams, she told me she believes that dreams are an omen of the future. "Yeah, I believe that for me my opinion about dreaming is that when you dream you perceive something is going to happen." She described how she perceives that dreams occur:

It is like your soul comes out of your body and you can still see your body there laying asleep but my soul is out searching. And that is where it comes all the dreams.

When asked about cultural beliefs, Carnation said:

My grandmother, she was the closest person I had in New York before she died. My mother's mother, she used to tell me the meanings of dreams. Sometimes, I would dream and I could write to her and ask her, "Grandma what does that mean?" She would tell me what it means or she would tell me not to say it until the sun is out because it can come true, or something like that. I always remember that. So, she used to tell me if you dream of a wedding dress, is death; if you dream of feast, is misery.

For her grandmother, the symbols meant the reverse.

Carnation told me that she had been having this dream "constantly." By that she meant she had the dream "almost every night for a week and a half." The following dream is Carnation's dream:

I am in a farm and there are lots of baskets lined up. There is a guy in a car selling clothes. I see this person with a wedding dress with a black band around her head and over here (points to her waist). I say, "The dress is beautiful but why the black band around?" There is this woman behind me, that's the woman I see with the dress and she comes behind me and picks up the same pieces that I took, and I got pissed off, and I say, "you are such copy cat, you are picking up the same clothes I'm picking up" And, then she goes too fast, too quick, and boom, she gets on the end and then this other lady is there and says, "Come out,

come out.” And, then she comes out with a wedding dress on and a black band around. And, I say, “What the heck is this?” and I then I wake up.

Carnation was curious about the meaning of the dream due to her beliefs about dreams foreshadowing what will happen. “I don’t know if someone is going to be OK or if someone is dying.”

I asked Carnation to tell me where she was in the dream. She told me, “I am running in the dream, I don’t know why.” I continued to investigate with Carnation where she is running. She answered, “It’s like a farm.” We explored the farm that has not trees. “It is only baskets of clothes.” After further examination, Carnation said the baskets are “open on top, full of clothes. They’re baskets but like boxes, and they’re open—they don’t got no top.” The baskets have “a lot of children clothes with shorts and like t-shirts, and there is a guy in a car, a big huge car. He is an ugly guy with waves on his hair.”

Although Carnation began the dream with the action of running, as she focused on the environment, she was able to locate herself within a place that looked like a farm but had no trees and lots of baskets that looked like boxes and were full of children clothes. Carnation next introduced us to another character: “a guy.” I asked, “So there is a guy in the car, how far from you is he?” She began drawing in the air with her hands as if tracing a straight line. “These is the baskets and the car is right here.” She pointed to the top of where the invisible line was and said, “The baskets are here.” Carnation continued her description:

It’s like a farm and full of boxes, and he is supposed to get the money when you get the clothes. He looks like he is selling the clothes. But we never get to pay

him—I don't know why. Because "I start here," she points to her left, "and I start walking to the boxes and I pickup a lot of clothes."

How are you holding the clothes, in your hands?

I put them right here (points to crook of her right arm) in my hands.

So you put them in your arms?

Yes, lots of clothes, and there is this woman behind me, that's the woman I see with the dress—

I slowed the process by revisiting the beginning of the dream where she was walking toward the boxes of clothes.

Can you feel yourself walking?

Yeah.

How are you walking, slow, fast, how?

I am walking looking at the boxes very slow." Carnation describes that it is "evening" and that she "is seeing the clothes.

What does it feel like to walk slow?

It feels funny. I know it's like a flea market. The guy says, "Pick them up, pick them up.

We return to the walk so that Carnation can feel her feet and become grounded in the work.

And you are walking slowly toward the baskets?

Uhum.

And you feel funny in your feet. Can you say—can you tell me what funny in your feet is?

It's funny that you walk to the farm and at the same time it's like a street; it's not dirt.

So, is it like pavement?

Yeah, it is like pavement, yeah.

And what does the pavement feel like in your feet?

Sometimes it feels hard; sometimes it feels soft.

As you are walking toward the baskets can you feel the hardness of the pavement?

It is like I am walking through a street, knowing that it is a farm, but it feels like a street.

And does this remind you of anything—walking through streets?

Yeah, it reminds me of when I was walking on the streets here. I was constantly walking, walking, with no shoes on my feet.

I noticed her posture became hunched over as if she was having a struggle.

And, what was that like?

It is totally different from then and now.

And now, when you are in this dream, walking in the hard pavement that is in a farm, how is that?

I feel like when I was in the streets using, and I was walking constantly in the streets in Boston, from here to there. I was like in a circle walking.

Walking.

Yeah always walking. I would take no buses, no trains, I was walking constantly.

And in the dream that is the feeling is that of walking in circles. Can you feel that in your feet—that kind of walking in circles as you are moving in the evening toward the baskets?

It hurts my feet.

It hurts your feet?

I wanted to double check that I did not re-traumatize Carnation.

But in this dream I don't feel the pain. I have to continue walking.

It seemed that Carnation had shifted perspective from her traumatic walking in the waking state street to the dream street where she walked without pain.

So even though you are not in pain, you have to continue walking?

I can see myself picking up stuff.

And can you tell me what?

I am picking up by carloads, I don't even know if they fit or not, I just pick them up, pick them up.

She described that she picked up the clothes, putting them on the crook of her arm. The clothes were "mostly white," Carnation's favorite color. I asked, "How does it feel with all those clothes there?" She responded, "Heavy," followed by marked silence. She elaborated, "I don't get to the end, there are too much boxes.

Carnation progressed to the next phase of the dream. "I feel like I am in the middle now—in the middle of the farm—and I hear voices." Now we had traversed to a place in the dream where voices are heard. I asked, "So, you are in the middle of the farm, tell me how it feels to be in the middle?" She answered, "It feels funny because I was too fast. I picked up the clothes too fast, I don't even look at the clothes, I just grab

them because they're white, and the voices I hear are laughing." I repeat what she has just said to slow down, and then she filled in, "Yeah, and behind me is a kid. It is a black child. I don't know what language he's speaking, because he's speaking a language I don't understand." Because the child was speaking, I urged Carnation to stay with the voice. "Let's stay with the kid first. Is it a loud voice?" Carnation replied, "Yeah, very loud." Carnation said that hearing the loud child was, "Strange because I don't understand what he says but he is too loud for me. And, he is right behind me, I don't know why he's speaking so loud." She gave the spatial relationship as "behind" her. I persisted:

Too loud. What happens to your body when you hear something too loud?

I can't see nobody screaming like that, I can't.

So, what happens to you?

It makes me nervous.

Where do you feel the nervousness?

Everywhere, I think there is something happening and I don't know.

That's the feeling that something is happening?

Yeah.

And where do you have this feeling that something is happening?

In my heart (voice with crying emotion).

What happens in your heart?

Maybe it is too full of pain or guilt.

Do you feel pain and guilt?

Yeah, pain and guilt (sniffles).

Can you tell me a little bit more about that pain and guilt in the heart?

I have to get into it because I have tried my best to deal with everything I can. But sometimes, not all the times, I feel guilty. Especially when it comes to my mother, I feel very guilty because I make her suffer so much and pain from people that hurt me so bad.

Uhum.

And ashamed, because I am a good looking woman and I got a good heart and I let people use me and abuse me, and I got to be me, myself, and I—so deep down. I was a piece of nothing out there in the streets—makes me feel ashamed of myself sometimes.

And, now in the dream, you feel that pain?

Yeah (softly).

And you feel it where?

I feel it right here (points to heart).

Carnation had established the affective states of guilt and shame from her childhood abuse in her heart provoked by the dream child's loud voice.

So, when you tell the child to stop, what happens?

He stops.

And then the woman comes?

The woman is behind the child, laughing.

So the woman is laughing. Describe the woman, what is she like?

I know the woman, that's the whole problem, I know her.

Can you describe what the dream woman is like?

The woman is a short woman with long, black hair, round face.

Carnation established that the woman “is behind the kid, laughing loud, loud.”

Carnation made the association to the daytime woman, “In real life she does that, and it makes me sick when she does that. There she is laughing so loud and it makes me so angry. Why do you have to be so arrogant? I always call her on it.”

So, in the dream, the woman is laughing like the child and it makes you feel
angry?

Yeah it makes me feel angry.

Can you feel that anger?

Yeah, I feel it.

Where do you feel it?

In my head, in my heart.

What happens in your head when you get angry?

When I am angry like that I can’t think.

Carnation had found another affective state, anger, that was anchored in a head that couldn’t think. The images guided us.

“And you are so angry that you can’t think, feel that. And, what is next?”

Carnation described that the woman disappears and she continued walking until she got to another of the dream boxes. “I hear another voice saying, “Come out, come out!” She did not know where the voice was coming from.

So, you hear this other voice that says come out. What happens to you when you
hear that voice?

I stand up and look.

Your eyes got big.

“I look (pointing to the right) that way, and I see the woman with the wedding dress on—the same woman” (long pause). She gave details of the dress: “long in the back and short in the front with a black band in here (she pointed to her waist) and a black band over here (pointed to the head).

And how do you feel looking at this lady with the wedding dress and a black waist?

I feel disgusted. I say, What the heck do you have a wedding dress with a black thing on it? It doesn't look good. And when I say that, everybody starts laughing—so many voices laughing loud, then I wake up.

So you feel disgusted, where in your body do you feel that?

In my head, all over.

All over your body?

Yeah, all over my body.

And what is it like to feel like that?

I don't know. When I don't like something I say it.

You don't like it. You don't like that feeling?

No. I don't like to feel angry; I don't like to feel disgusted, and I don't like to feel ashamed. I don't like to feel like that at all.

But you feel disgusted.

In the dream yes.

Let's stay with the dream. You feel disgusted, and the disgusted part feels all over your body or in any particular place?

It's all over my body.

What does it feel like?

I shake.

See if you can see the woman standing there with the wedding dress with the band
in her head—the black band in her head and the ribbon around her waist
that is also black. And the dress is short in the front and long in the back.”

Now, it looks like a nightgown to me instead of a wedding dress.

Stay with that.

There was a shift again in the dreamwork, from a despised wedding dress that was experienced as “disgust” to a “nightgown.” By focusing on the nightgown, Carnation was able to stay in a place where she could “hear loud voices.” She got out of the hypnagogic state and said that she woke up and looked around. She said, “I just don’t want another dream like that.” After a pause, I encouraged Carnation to go back to the dream to review the feelings: “Let’s go back a little bit and try to visit all the feelings—the very first one—pain and guilt in your heart. Can you feel that?”

Yeah (crying).

And, the anger in your head that can’t think from the loud voice of the child, and
the feeling of disgust all over the body as your body shakes.

Carnation took a long pause as if she were in a deep reverie. I asked, “Tell me, what is happening now?” She answered, “I have to stop carrying all that around and release my heart.” “Tell me what is happening now in your heart?” She self-prescribed,

If I hold on to that resentment I have in my heart and I don’t want that. I don’t
want to feel that resentment in my heart. It’s not good. It’s not healthy. It

won't take me anywhere—I have to speak up, I have to say what I have to say to the person because if I keep on doing this I won't hurt anybody but myself. Sometimes it's hard but I have to do what I have to do.

There were two major shifts in Carnation's dream images. The first, when she experienced herself as “having no pain but needing to keep on walking” and the second when the wedding dress transformed into a nightgown. The most transformative moment, was, however, when she held the affective states together and she spoke from the heart about her pain, guilt, shame. She also spoke of agency, “I have to speak up.”

Carnation remained convinced after the embodied dreamwork that something was going to happen. When I asked if she was undergoing a particular hardship now she said, “I am waiting for my home, I am waiting to hear from my lawyer, and I am waiting to hear from my parents too, to see if they are doing OK. I am going to call them.” I replied, “So, maybe something is going to happen?”

About embodied dreamwork, Carnation said, “It was a relief.” She elucidated: Yeah, because I got to share that dream with someone and I am not carrying that by myself now. It is like, even if you don't remember you can write it down, and it made me feel a little relief because it is heavy to carry this for a long time, thinking something is going to happen and you don't know who you want to share this with.

Carnation drew an elaborate picture of her dream characters using gray for the baskets, red for the guy and the child, purple for the woman in the wedding dress, and light blue for her dream self. The people who laugh loud are gray. When asked about it she pointed to each part of the drawing: “This is the guy in the car saying, ‘Come and

shop.’ This is the kid. This is the woman in the wedding dress. These are the people laughing soooo loud. Those are the baskets of clothes.” She titled her artwork *Death*.

Collective Textural Description

All the participants in this study lived in the Boston area and were Puerto Rican women between the ages of 38 and 51. All the women came from a low socioeconomic background. Only one of the participants was working at the time of the study; all the others were disabled and unemployed. One of the participants had not been to Puerto Rico; all others had visited or lived there during more than one period. Virtually all had experienced moving back and forth between the island and the mainland, as well as crossing boundaries between different states of the mainland. Five of the eight women in the study were HIV positive, one had AIDS, and two had other chronic illnesses. Seven of the eight participants suffered from mental illness. All had experienced trauma.

Virtually all participants referenced their grandmother or mother as the person who transmitted the cultural beliefs about dreams. All but one participant believed that dreams were premonitions, visitations from the departed, or omens.

All participants experienced the embodied dreamwork environment as a place where an event was taking place. Participants supplied descriptors that made the dream environment vivid, such as the time of day, colors, and light. The participants described their surroundings as well their associations. All participants experienced spatiality between the dream self and the other dream characters. As participants became immersed in the embodied dreamwork—they observed both positive and negative characters, characters with whom they identified, and characters they shunned. All participants had dreams of some type of traumatic event, or had woken from the dream

startled. One participant woke up from the dream after she had urinated on herself from the dream's intensity. Studies suggest that dreams serve to metabolize trauma (Hartmann, 1998; Hartmann, Zborowski, Rosen, & Grace, 2001). Bosnak (2007) suggests that embodied dreamwork can aid in recovery from trauma.

All the women in this study experienced a combination of affective states of fear, anxiety, sadness, longing, disgust, happiness, excitement, calmness, anger, and confusion. Most of the women were able to hold at least two affective states together. All were able to anchor their affective states in a sensate awareness of the body.

The participants reported that they experienced embodied dreamwork as a "relief," as an unburdening (*desahogo*), or as going "to therapy" to "make connections" to the day world, to take action, and to disclose intimate information.

Participants experienced various bodily sensations during the dreamwork. Virtually all participants experienced fear as shakiness throughout the body or localized in the hands. One participant said she experienced "emergency" or loss as depletion. Most participants experienced happiness as "relief" in the chest, "excitement," anger as "hot ears," and confusion "throughout the body."

All the participants participated in a visual expression of their experience. The drawings showed unique perspectives. Two participants drew flowers, one participant drew lightning, three drew their dream characters, one drew a heart with the words "I love," and one drew a house with hibiscus flowers reminiscent of her childhood home.

The formulated meanings or invariant constituents were grouped into 10 themes. The emerging themes served to give thick and exhaustive description of the experience of embodied dreamwork for these Puerto Rican women living in Boston. The 10 themes

were: (a) sense of place—environment, surroundings, spatiality; (b) the players—self, others; (c) plot; (d) in the sea of emotions—naming affective states; (e) the body speaks—somatic experience; (f) complexity—multiple affective states; (g) making meaning (*atando cabos*); (h) visual expressions; (i) self disclosures—*desahogo* (unburdening); and (j) cultural beliefs—*de allá para acá* (from there to here). All the research participants experienced these 10 themes. However, some of the women experienced a particular theme more than another. For example, all women disclosed a discreet aspect of their lives, but not all experienced holding more than two affective states together. Table 3 gives theme clusters and random samples corresponding to invariant constituents.

Table 3. Random Sample Theme Clusters and Formulated Meanings

Category	Subcategory	Example
Environment: the meeting place	Surroundings	Participant describes her dream environment as a “fast-moving car.” Participant describes the dream street as “not dirt” but paved. “Sometime it feels hard and sometimes soft.”
In the sea of emotions: affective states		Participant expresses her deep longing: “deep inside I am missing something.” Participant expresses fear of seeing “the silhouette” of the dream persecutor. She cries with emotionality.
The body speaks: somatic experience		Participant describes the feeling of wanting to “scream and cry” as pressure in the chest. Participant describes the fear she has when she sees the dream persecutor: “my whole body freezes.”
Complexity: multiple affective states		Participant indicates by punctuated silence and rocking her body that she is inwardly engaging with embodied states. She reports that holding happy, sad, and anxious states together lets her understand that “I can be happy one day and I can be sad, and that is part of life.” She feels neutral.
<i>Atando cabos:</i> making meaning		Participant makes associations. She “figures out” that seizures make her anxious and expresses gaining agency to self-soothe be less afraid of the seizures. Participant makes association of her dream perpetrator and of black men as abusers and connects how this belief originated when her dark-skinned brother raped her.
Cultural beliefs: <i>de allá para acá</i> (from there to here)		Participant says her cultural belief is that dreams come true and she has “dreamt many things that have come true. It is a mystery.” Participant makes connection to her cultural belief that dreams can be visitations from dead relatives. “I think my mother came to tell me she’s still in my life.”

From the invariant constituents and reflection on the phenomenon, the following thematic portrayals were formed using research participants' statements.

Theme I: Sense of place—Environment. Environment as used in this study refers to the milieu in which the dream takes place. This environment consists of surroundings and spatial orientation, which can be described as follows:

(a) Surroundings. Surroundings are the physical structures, for example, the house, the car, the street where the dreamer finds herself in the dream. The surroundings have texture (rough or soft), have color, taste, and smells. They can have a season, climate, and conditions that affect the experience of the dream characters taking place in under those conditions. Each research participant's dream and embodied dreamwork was unique to her, and this individuality informed the multiple realities of the phenomenon. All the research participants experienced an environment: the surroundings composed of sensory experiences, such as the quality of light and the location. The dream environment for the research participants varied. Tulip's initial location is a house where a family reunion is taking place. "It looks like not that light, but it is light. It is daytime." On the other hand, Amapola situates herself in a fairground in a repetitive nightmare that wakes her up "crying." Some settings are familiar, such as Rosa's sofa ("It's the same as my real sofa") or Rosa Blanca's house ("It is on top of my grandmother's house"). Other sites are less recognizable, like the "fast-moving car" in Lilac's dream or the "funny" looking place that "looks like a flea market" in Carnation's dream. At times, the dream scene is confusing to the dreamer, as in the case of Red Rose ("I don't see no walls; the only thing I see was a glass window. It's like two-door size"). The women in the study were asked

open-ended questions or questions to enhance their dream images. A verbatim example from Rosa's dreamwork on the sofa begins with the researcher's question:

Can you describe the sofa?

It is beige—a round sofa, beige.

What material is it?

It's leather. It's the same as my real sofa.

The questions served to articulate the inner place that Rosa inhabits during the embodied dreamwork and to share the visual image of that place with the researcher. As the image of the sofa is amplified to include texture, color, and shape, the setting becomes clearer to both research participant and researcher. The uniqueness of the sofa, its roundness, and leathery texture become sensory impressions in the body. As described later, these sensory/visceral states are later linked more overtly to the dreamers' emotional experiences.

(b) Spatiality. The locus, or surroundings (already described), in dream space is distinct from spatiality or orientation in the dream. The environment as a sense of place includes the spatiality: the orientation or proximity to objects and characters and their relationships in space to each other. For example, inside, outside, far, close, front, behind, next to, can help the dreamer situate herself in relationship to other subjects and objects in the dream.

In Red Rose's dream, she starts in a nondescript house or restaurant ("I know, I was sitting down, like right now me and you. I was sitting with my sister and me"). She used the researcher as a point of reference for locating herself within the dream environment next to her sister. Similarly, Tulip says she is "close" to the "window on the side" of the house, and Rose is "four inches" away from her dream mother. All the

women experienced spatiality in their embodied dreamwork and were able to relate to dream subjects and objects far, close, in, out, and very close (Amapola is “holding hands” with her dream child).

Theme II: The players. All the women interviewed were either active participants or observers in their dreams. They interacted with attractive characters and repulsive ones. I distinguished ego-syntonic characters, with whom the dreamers identified, from ego-dystonic characters, from whom the dreamers felt distanced. The separation of these characters illustrates the way in which the women experienced multiple perspectives in the dream.

(a) Self. The research participants experience the self as either active or passive. For instance, Orquidea begins “standing on the first step of the stairs.” I ask, “What are you wearing as you stand on the first step?” She responds, “I have a white t-shirt with blue jeans.” Orquidea experiences herself in the dream in a place (the stairs), with a specific posture (“standing”). She experiences a texture (“blue jeans”) and colors (“white and blue”). She becomes the central performer of the dream until she meets other players, such as her deceased husband. Red Rose is both passive and active as her dream self. She begins the dream sitting with her sister inside the building. Then, she gets up to go tell her grandmother, that it is OK, that she is “in the right place.” Lilac tries to “turn back” to get her baby, while, Rosa Blanca’s habitual self is identified with the dream Rosa who is in a hurry.

(b) Others. Every woman in the study encountered at least one other character or object in the dream, either amicable or unfriendly. Amapola met the “silhouette” of a rapist, whereas Red Rose encountered her “grandmother” and a “police or security guard.”

Occasionally, the presence of the other was disembodied, as with the masculine “deep voice” that Tulip heard telling her that her mother was calling her, as well as with the “wedding dress” that Carnation found “disgusting.” Sometimes, the ego-dystonic aspect was subtle, as in Lilac’s case (the faint touch of a child’s hand) and sometimes, loud (as the laughing voices that Carnation heard mocking her).

Theme III: The plot. Examining Theme III in the embodied dreamwork revealed that every woman in the study partook of an event or a plot. These happenings varied with each participant. The plots were simple or complex. For Rosa, the story line is of having a calm conversation with her dream mother. The climax of Rosa’s story is the fear in her wide eyes. At the end of Rosa’s plot she becomes aware of what the fear is about. On the other hand, Lilac’s plot begins with a struggle to “grab” her dream baby who is on the back seat of a “whipping” car. The resolution is when she can imagine touching the baby and cradling the baby in her arms. Tulip’s trajectory is laden with roadblocks. She walks through “slippery rocks” holding on to “a tall silver fence” to find her dream mother. The climax is seeing her mother with a deformed face and having the dream mother slam the door in her face. The resolution for Tulip rests on acknowledging that the mother lives in her memory and knowing that she can be happy and sad. Similarly, Carnation’s dream has an intricate plot. She walks through a farm full of baskets of clothes. There she meets an “ugly man” who says “pick them up,” a child who speaks a “foreign” language, and a woman wearing a “wedding dress.” She hears voices that laugh at her. The climax of Carnation’s plot is when she sees the wedding dress turn into a night gown. From there she begins to feel her own self-praise and self-loathing, her hurt feelings, and finally agency to want to speak up. Red Rose’s plot is a lost and

“found” scene with her grandmother. While Amapola’s repetitive nightmare unfolds as she runs from the silhouette of a rapist, the core of Rosa Blanca’s dreamwork is a family “emergency.” Orquidea’s storyline is love in the underworld. In death, like Orpheus and Eurydice (Rilke, 1993), she is reunited with her deceased husband. Orquidea confronts her husband and asks why he committed suicide. She expresses her anger, something that she says “is hard,” and at the end comes to terms with the sadness over the loss.

Theme IV: In the sea of emotions—Naming affective states. The emotions behind precipitating events were felt by all the research participants in various degrees. Some women were more articulate and could name the affective states. Others expressed distress without labeling the affective states. For example, Orquidea described the feeling of “loneliness” when she focuses on what it is like to “stand” on this first step of the dream stairs. Tulip labels her affective state of having to wait for the dream mother as “anxious.” While Amapola, fearful of her dream persecutor, says “my whole body freezes,” she does not label the affective state as fear. Similarly, Rosa Blanca does not name her affective state fear. In the dream she has “an emergency”: her father is ill. During the embodied dreamwork she cries and trembles when she is running with urgency. Like Amapola, she describes the symptoms (“I feel very nervous ... I start crying and trembling”) that implicitly describe her fear.

Theme V: The body speaks—Somatic experience. When voice failed these women, their body spoke. The somatic experiences displayed in the bodies of the women responding to the embodied dreamwork ranged from dramatic to subtle. The most prevalent question I asked in order to get the women to tell where they were feeling the distress in their bodies was “can you tell me where in your body you feel that?” Tulip

feels the “loneliness” in her “heart” area and cries. She also describes anger in her “hot ears.” Amapola describes the sensation of being “fatigued” and says “my heart is palpitating” when she runs from the dream antagonist. Likewise, Rosa Blanca becomes depleted with grief associated with losing her dream father (“I feel like I am going to faint”). Red Rose points to her chest to indicate “I am anxious in here,” when she gets up quickly to help her dream grandmother. And Rosa’s eyes widen in fear during the dreamwork when she experiences herself in the dream calling out “Mother, Mother.” Lilac has the most dramatic somatic experience, she urinates in her bed as a result of her “spinning” dream. She has shaky hands throughout the fearful parts of her embodied dreamwork. By focusing on the images and noticing the feelings that arose from these events, such as when Amapola’s is not able to “grab” her baby, which results in embodying the images, that is, a body awareness that includes the feeling state. The more descriptions the women gave, the more alive and the more embodied the images became.

Theme VI: Complexity—Multiple affective states. During the embodied dreamwork, the women held one, two, or various affective states simultaneously. Sometimes the affective states were oppositional, and at other times the women simultaneously held an array of affective states accompanied by their somatic experience. Two women found it difficult to hold more than two affective states together. For these two women, it was easier to contrast the affective states, moving back and forth between these states until they could hold the polarity in their bodies. Rosa experiences holding two affective states: the relaxing, “peaceful” feeling of the dream mother’s mellow voice contrasted with the anxious state in her “wide eyes” that resulted in her being able to be

“scared” and “calm” at the same time. Tulip experiences holding three affective states: a feeling of happiness in the chest, sadness in the heart area, and fear in the hands. Holding these resulted in a “neutral” body. Amapola surprises herself as she holds her dream child’s hand, feeling “happy,” while at the same time feeling the fear of her approaching captor as shaking in her body. She is able to “cut loose” and carry on as if “nothing had happened.” Carnation holds various affective states: anger, pain, loud voices, and disgust. Her body shakes, she cries, and she stayed with the feelings. After holding these feelings together, Carnation self-prescribes, “I have to stop carrying all that around and release my heart.” Lilac, whose fear had made her urinate in the bed, holds two affective states, fear and hope. Orquidea experiences several affective states throughout her dreamwork. She holds a lonely feeling in the heart, an angry feeling in the hot ears, a happy feeling of reuniting with the dream husband in her heart, and the pain of “not wanting to wake up.” Holding these states together makes her feel “just sad.”

Theme VII: *Atando Cabos*—Making meaning. Research participants connected their experience of embodied dreamwork to their daily activities, received insight, and, in some instances, gained agency to make changes. Rosa “figured out” that if she stayed calm she would be less afraid of the seizures she gets. She gains agency to relax herself. Amapola gains insight that her racist view of dark men as rapists is rooted in her experience of her dark brother abusing her when she was 13. Rosa Blanca associates her feeling of anxiety in the dream emergency to a previous similar emergency with her father and her fear of death. Lilac understands from the dreamwork that her life is “spinning out of control.” Tulip learns that “one day she can be happy and another sad and that is part of life.” Carnation self-prescribes to let go, speak up, and take action, “I

have to speak up ... because if I keep on doing this I won't hurt anybody but myself."

Red Rose finds relief while holding the affective state of fear of her dream grandmother "like she's lost" and the feeling of being in "the right place." After the dreamwork she says that she feels "happy." Table 4 below shows the participants' experience of the phenomenon.

Table 4. Participants' Experiences of Embodied Dreamwork

Participant	Emotions Explored	Embodiment	Meaning-Making	Consequences
Rosa	Fear Calmness	Wide eyes Relaxing feeling	Day seizures Reassuring mother	Agency to relax
Orquidea	Fear Passion Anger Sadness	Shaky hands No pain in body Hot ears Tears	Affirmation of cultural beliefs	Able to express anger Accepts husband's suicide
Rosa Blanca	Anxiety Grief	Disembodied voice Opened arms to rush as flying	Dysphoria Father's stabbing Son's death AIDS	Relieved to unburden Shares grief and her secret illness
Red Rose	Confusion Grief Love	Shaky hands Sunken chest Relief in the chest	Dislocation Death of grandmother	Recognizes her grandmother is in her heart Self-love
Amapola	Fear Love	Shaking body and paralysis Child's hand	Rapist	Can walk away Racism challenged Empowerment Optimism
Tulip	Fear Grief	Shaking body Emptiness of missing dead relatives	Mother is here	Ability to self-soothe and accept life as contradictory
Lilac	Fear Dislocation Anger Love	Shaking body contortions Reaching back Cradles child	Life is out of control Explosive talk Safety	Acknowledges pain Hope to get son back from State
Carnation	Dislocation Anger Anticipation Sadness Fear of death	Aching feet Directed at disembodied wedding dress Shaking	Ambulation, as addict in the streets Wedding dress associated with death	Self-hate from abuse. Could name past success Hope for obtaining housing

Theme VIII: Visual expressions. Visual expressions added triangulation of the data. Each participant used a 9 inch x 11 inch sheet of white paper with pastel crayons to draw an impression of their dreamwork experience. All participants described their drawings. Rosa's drawing was untitled and depicted her and her mother talking on the sofa. Orquidea draws a round red circle surrounded with gold to portray her dream bed. The drawing is untitled. She comments, "It's like being there." Amapola who suffers from the nightmare of being raped, and had been homeless as a child, draws a picture of a house with many *amapola* (hibiscus) flowers and a child. She titled the picture, *La Casa de los Sueños (The House of Dreams)*. She says, "everything is possible." Rosa Blanca's drawing is a heart shape. It is untitled and her response is, "I feel love in the heart." Tulip's drawing is of a tulip; it is her "favorite flower." She comments, "I feel relief when I think about my flowers, I feel relief now." Lilac's drawing is black. She draws with heavy strokes and jagged lines. Her drawing is titled *Shock Waves*. She remarks after the dreamwork that she feels "like lightning." Carnation, who had been traumatized early in childhood, drew a picture of her dream with baskets, herself, and the "wedding dress." She titles her drawing, *Death*. She states that doing the dreamwork was a "relief." After the dreamwork, Red Rose comments, "I feel happy." She draws meticulously with a single green pastel crayon. The title of her drawing is *Flower, My Flower*.

Following are participants' drawings (figures 1–8).

Figure 1. *The House of Dreams* by Amapola.



Figure 2. *Shock Waves* by Lilac.



Figure 3. Untitled. Round bed shining with gold in love reunification by Orquidea.



Figure 4. *Flower, My Flower* by Red Rose.



Figure 5. *Sofa, Mamá and Yo (Me)* by Rose.

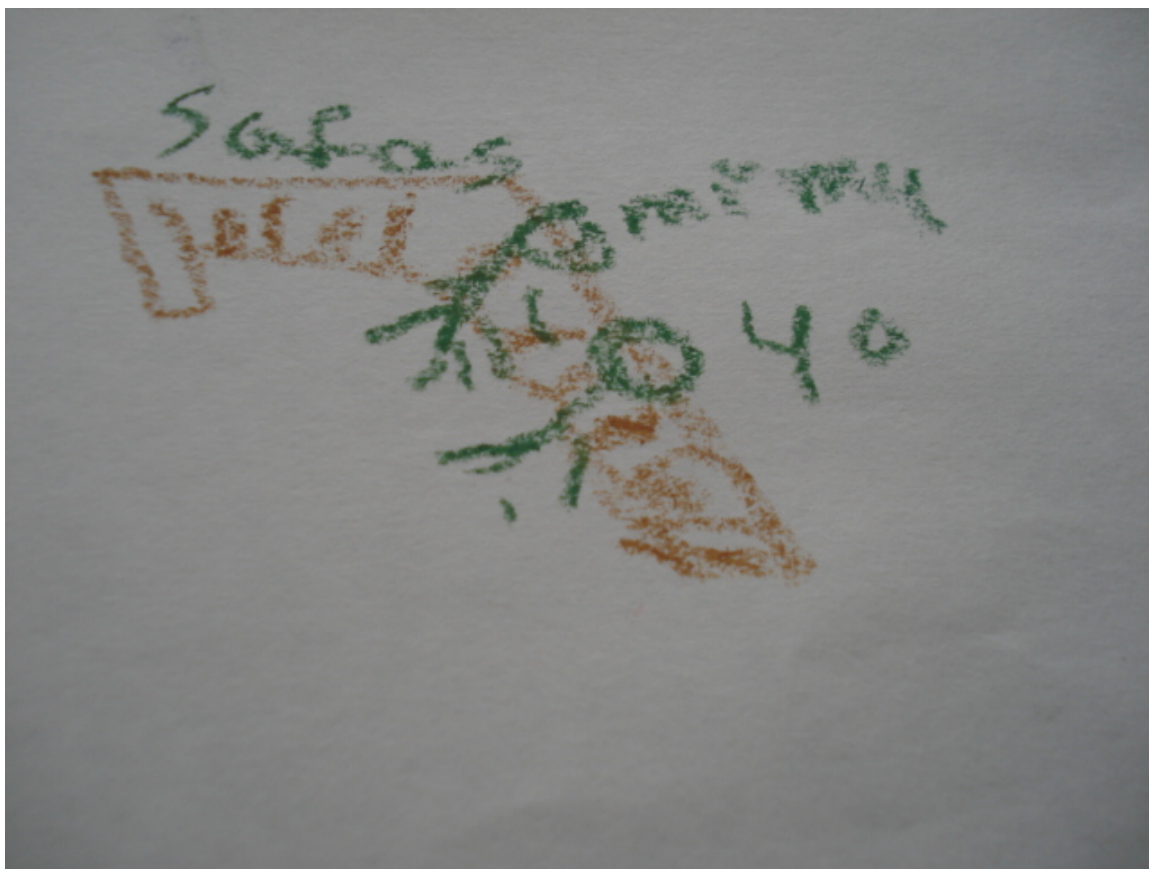


Figure 6. *I Love* by Rosa Blanca (White Rose).

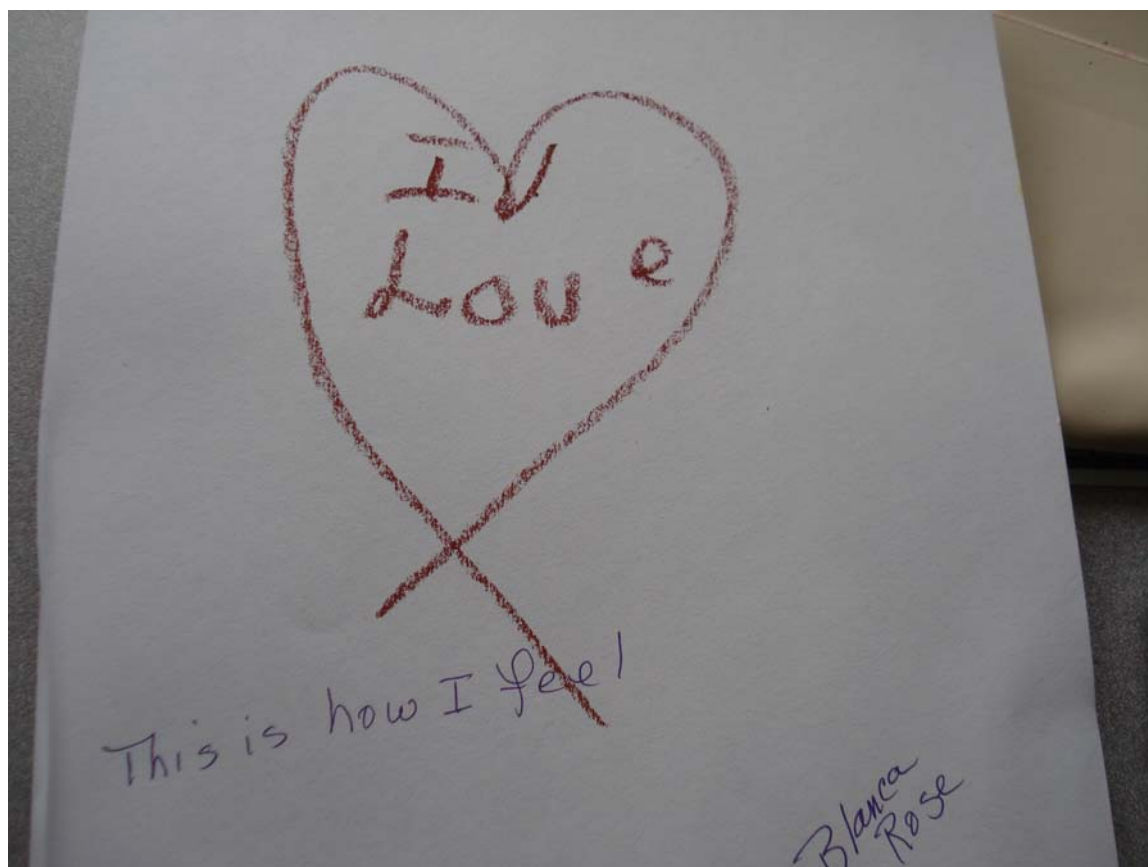


Figure 7. *Death by Carnation.*



Figure 8. *Tulip* by Tulip.



Theme IX: Self disclosures—*Desahogo* (Unburdening). All the women disclosed an aspect of their lives. The word used by Rosa Blanca was *desahogo*—unburdening. Rosa Blanca was unique in that in the middle of the embodied dreamwork she left the hypnagogic state to report “I have AIDS.” After a few minutes discussing her concern, she delved into the dreamwork again. Following the dreamwork, she said, “I liked this technique because I was able to talk and express myself, unburden myself, and I will continue because I lost a child who was 18.” Rose, discloses having had seizures as a consequence of toxoplasmosis. She remarks, “The virus stays in your brain, you get seizures, sometimes you forget things.” Tulip waits until the dreamwork is over to say her sister had been murdered. Lilac pours out her distress of living in a shelter and of a long trajectory of drug use. Orquidea reveals that her husband committed suicide. Carnation discloses having endured sexual abuse in childhood, homelessness, and drug use that led eventually to her incarceration. Amapola discloses that she had not told her mother about her brother’s incest because “he was her favorite son.” After the dreamwork she reports, “I have never talked about it.” Red Rose discloses that she had “so many deaths in the family—it was my grandmother, then my uncle, then my other uncle. It’s like of all her (grandmother’s) children there are only two left,” Red Rose says. At the end of the dreamwork she comments, “I feel good because it is like when I am with my therapist and I let things out of my chest.”

Theme X: Cultural beliefs—*De allá para acá* (From there to here). Whether they had grown up in Puerto Rico, New York, or Boston, the research participants shared similar beliefs about dreams of being visions, visits from the departed, or revelations. Rosa is an exception. For her, a “dream is just a dream.” However, when she wakes up

from her scary dream, and adheres to her cultural belief of calling the relative whom she dreams of to check if the person is fine. Orquidea correlates the dreamwork experience to her cultural beliefs of dreams as visions. She believed her husband came to her in the dream to “give her a message.” She reports that she had previously experienced visions, including a dream about how her husband committed suicide “when I was 18.” Similarly, Tulip believed that her mother came to visit her. “I think my mother came to tell me she’s still in my life.” She was raised with the belief that dreams could be revelations. Red Rose makes associations to her cultural beliefs of dreams as premonitions. For example, the participant’s mother dreamed of her father who was 90 years old, and a few months later he died. After the dreamwork, Red Rose is certain that her dead grandmother “IS with me.” Carnation came to the dreamwork thinking “something is going to happen.” She adhered to the belief that dreams are revelations. She believed that her dream was important in foretelling the future. She finds relief in the dreamwork and at the end believed that “something” was still going to happen because she was waiting for a housing decision and a lawyer. Amapola grew up thinking dreams can come true. She had had nightmares for thirteen years. In her dreamwork she is able to “cut loose and take [her] child and walk away.” Amapola becomes optimistic and says, “I hope this technique really works on me.” Lilac too believed in dreams as revelations. After the dreamwork she says, “Now, I think dream come from emotions.”

Imaginative Variation

The following step in analysis was to derive cluster structural themes, or the underlying dynamics of the dreamwork experience “through the use of the imagination” (Moustakas, 1994, p. 97). I constructed a composite textural-structural description.

In this part of the analysis I allowed the mind to dwell with the textural descriptions as they related to the universal concepts of time, space, materiality and causality in relationship to the self and to others (Moustakas, 1994). This process of imaginative variation “renders the invisible visible” (Husserl, 1931, p. 40). I extracted words from the participants’ experience of embodied dreamwork to arrive at a poem about the experience of embodied dreamwork using the participants’ language. The objective was, not to arrive at a single truth, but at the multiple possibilities that are available to the experience of embodied dreamwork.

La Casa de los Sueños (The House of Dreams)

En la casa de los sueños
 everything is possible
 My hands shake with fear
 My ears are angry, hot
 I walk on slippery rocks
 My heart pounds fast
 with the thought of death
 I am confused and disgusted
 I am lonely and isolated
 I am terrified
 and neutral

Mother in your comfortable clothes
 You make me feel relaxed
 It’s like I’m flying, calm
 and then brutally seized
 by the terror in my wide eyes
 Mother! Mother!
 I think I know what to do about those seizures

My body trembles
 Seeing your silhouette
 freezes my back
 It’s always the same,
 the inevitable rape
 You wait for me by *las machinas*
 or the beach

I cannot escape
 Until I awake
 Today is different
 I cut loose and walked away

I told you about the *ataques*,
 and how I could not stop crying
 It's happening now
 My heart beats fast, my hands sweat
 My arms open, I want to fly
 I feel the emergency in my quick pace
 I shake as when my dad was stabbed
 and my son was killed
 So much grief
 Thank you for listening. It's a great *desahogo*

What is this? You're dead!
 Why did you do it?
 I don't know how to describe
 this electric feeling in my chest
 It is so beautiful
 I have no pain
 But I am afraid
 and don't want to let go

Mother, why the disfigured face?
 Why slam the door?
 Do you need something from me?
 Do I have to light a candle?
 I am sad; I miss you
 You are in my life
 as a memory
 And here you are
 telling me: be sad and happy
 That is life

I see you out there confused,
 not knowing where to go
 You, so short next to that six foot cop
Abuela, es aquí
 You found the right place
 I am relieved and excited
 You are here with me
 in my heart

What I can't understand is that

child's foreign language
 and the loud screams
 Stop it! I said
 I am disgusted
 Why a wedding dress? Is it a funeral?
 I am full of guilt and shame
 My feet hurt
 as when I walked the streets
 in aimless circles
 looking for my next fix
 I think something is going to happen
 I need to speak

I am helpless
 In this fast-moving car
 I cannot reach back
 It is the loneliest feeling in my heart
 But when I allow my hands
 to touch my *nene*'s hands
 I feel safe
En la casa de los sueños
 everything is possible

Composite Textural-Structural Description

Following a composite textural-structural description is presented to show the relationship of the “appearance and the hidden coming together to create a fullness in understanding the essences of a phenomenon” (Moustakas, 1994, p. 79). Dreaming is a phenomenon experienced by most people throughout the world. Embodied dreamwork is a technique of revisiting a dream in a conscious state when reality can anchor emotional states evoked by dream images as physiological sensations in the body. The participants in this study presented dreams that dealt with fear, anger, confusion, disgust, happiness, sadness, grief, loss, calmness, and anxiety.

Every participant experienced embodied dreamwork as a vivid occurrence like “being there.” The environment was richly layered with textures, colors, and conditions that helped each participant explore their actions, as well as interaction with characters in

the dream. The participants either had affinity with the dream characters or rejected them. The dreamers' assumptions and biases (such as racial and discriminatory beliefs, or otherness) were challenged. Embodied dreamwork permitted the dreamer to experience sensations, feelings, and affective states from the perspective of another character. This surrender required to participate from the perspective of the other, in turn, allowed participants to empathize with the other characters and express deep grief, anger, and ambivalence from that other's perspective.

Oppressive as well as elated conditions of the dream were revisited, and the accompanied affective states anchored in the body. All participants exhibited physiological changes during the embodied dreamwork, such as shakiness from fear, increase in body temperature for anger, smiles for happiness, wide-eyes for fear, and curled lip for disgust. The tone of voice became mellow and deep when the participants responded while being aware of their embodied affective states.

All participants held at least two affective states together. Most participants paused for 30 seconds to one minute while they held affective states together, as if they were listening inwardly. From this introspection, participants gained insight about their dream. One participant realized that her fear during the dreamwork, manifest as wide eyes, was connected to her daytime seizures. Other participants self-prescribed and others gained agency to act. All participants made their own meaning and connected their dreamwork experience to their day world. Common stereotypes were challenged, and new insights gained. For example, one participant realized that her labeling of black men as rapists was produced by her own trauma caused by the experience of sexual abuse by her brother who was dark skinned.

All participants used the venue of embodied dreamwork to unburden their secrets before, during, and after the dreamwork. The common feeling-tone of the experience was “relief,” making connections, joy at the certainty that departed relatives visited during the dream and are still around as a presence or as a “memory,” as well as gaining agency to do something that was meaningful for personal growth (“I have to speak”).

All participants engaged in an artistic process after the dreamwork to express their feelings at that moment. One participant felt “like lightning”; one, filled with “I love”; another, “peaceful having a conversation”; and one like “death.” One participant drew a tulip in her favorite color as a response to the dreamwork and another, a multipetaled green flower. One participant, who had lived with a repetitive nightmare, titled her work, *La casa de los sueños (The House of Dreams)*, where everything is possible.

The final step of the analysis was the synthesis. That is, to intuitively integrate the textural-structural descriptions into a “unified statement of the essences of the phenomenon as a whole” (Moustakas, 1994, p. 100). From these textural-structural descriptions, I constructed a collective, exhaustive composite description. The final outcome emerged as the meaning and essences of embodied dreamwork for the Puerto Rican women in the study as a whole. The experience of embodied dreamwork for these chronically ill, low-socioeconomic-status Puerto Rican women in Boston is not absolute but only an opening that may lead to further investigations about the inner and outer journeys of different populations, by expanding the imaginative definition of borders.

Synthesis of Composite Textural and Composite Structural Descriptions

Phenomenology implies that there is no exhaustive and fixed knowledge (Husserl, 1931; Merleau Ponty, 1962/2007; Moustakas, 1994). Dream images are

phenomenological in the sense that they are ever changing and evolving. With continuing focus on the image, more is revealed, and new possibilities arise. The image then is never fixed, as “this is it.” However, as in phenomenology, something of the essence of the image “remains and is carried forward into the next moment,” (Moustakas, 1994, p. 75). In embodied dreamwork, the feeling of the image is carried as sensation in the embodied experience.

The participants in this study described feelings of grief, loss, intense shame, and anger. They incorporated these feelings into themselves and revealed them in their dreamwork. Some of the participants had suffered child abuse or trauma; all were chronically ill and two were homeless. Their coping strategies included somatization and addiction. Disembodiment showed in the dreamwork as partly formed images such as a “silhouette,” “deep voice,” or “wedding dress.” Often, these women believed they had no agency to change, feeling forever locked in a life of depression, chronic illnesses, poor housing, and, at times, social isolation due to their migration. This feeling of being trapped in a difficult unchanging life was mirrored in recurrent dreams (“It is always the same”) and in the dreamwork (“It’s the same as when my son was killed”).

Repeating clarifying questions, for example, “can we go back to that step; how does it feel to be on that step?”) encouraged participants to name their feelings. Some of the participants had difficulty labeling their feelings and the somatic experiences corresponding to their feelings, for example, a participant who could not label how she felt said, “If I were drinking, I would drink a lot of alcohol.”

Family was paramount to all the women in the study. Of particular importance were the grandmother and mother. Almost all the dreams had a predominant female

character. The grandmother in many cases had taken care of the participants, or was someone who had been kind to them. Similar to Anzaldúa's *new mestiza*, the participants were rooted in the present while holding the ancestral past. Living as minorities in the mainland dominant culture was isolating. For two participants, the alienation was worsened by the language barrier. Being cut off from their families geographically and otherwise, carried a further emotional toll. Two participants had given up their children as infants. Four had been rejected by their families. Despite the cost, there were benefits of living on the mainland, particularly from health care and Spanish-speaking AIDS support groups. In the dream environment, the participants did not encounter a hybrid self living between the island and the mainland but, rather, their complex selves. Each struggled inwardly with her unique experience and made associations and connections to the outer realities, such as "spinning out of control," having the anxiety that "something is going to happen," feeling "calm" when they experienced a mother figure, and experiences a feeling of "safety" when holding their child's hand.

The visits or visions of departed relatives were seriously experienced as bonding between the dreamer's perception of the spiritual realm and the dreamer's physical environment. These experiences served the women in the study to reaffirm their cultural beliefs and their experience of a benevolent inner other that cares for them. Bosnak (1989) describes how the AIDS patient he worked with experienced this self-love, "Christ figure inside me, loving me, loving knowing me, relating to me, teaching me to love at least one faggot—me" (p. 167).

Dreamwork challenges assumptions of borders. These experiences took place in the hypnagogic dream environment where structural descriptions are fluid. Sometimes

the dream/waking boundaries were permeable. For example, the dreamworker became part of how the dreamer described the physical distance to a dream character. In the hypnagogic state of the dreamwork, the dreamer is slowed down by fixing on the images. Time seems to expand as the participants listened intently inwardly when holding affective states. Most participants had difficulty naming their feelings and staying in the affective state. They frequently surfaced from focusing on the dream space to report an association. It was often necessary to coach them to return to the dream image. When affective states were, at last, held, the participants began making a new connection of hope for the future, or agency (“I have to speak”; “I know I can walk away”; “Now I know I can calm myself”). It was as if a spider had sent new threads across borders of disconnected knowing, creating a more complex web and the emergence of new wisdom.

Embodied dreamwork allowed participants to experience contradictions and to experiment with ambiguities. One participant said, “One day I can be happy and one day I can be sad.” The participant experienced death, love, sadness, joy, homelessness and home, illness and health, dominant culture, and being a member of a minority group. Death was as distant as a parent who had died long ago or as close as a beloved who had committed suicide in the near past. The panorama changed from being in Puerto Rico walking through narrow streets, in familiar houses, and on beaches and fairgrounds to roaming homeless in the streets of Boston, being trapped in a car, walking unfamiliar ground, and sitting in a restaurant in New York. Whether from poverty or chronic illness, the participants became aware of their losses, limitations, and death. Although their illnesses did not overtly manifest in the dreams, for several participants, the fear of death was palpable (“I shake” when I see her [dead mother]).

When I reflect on the embodied dreamwork of this study, I have an image of multiple intersecting spider webs. Spider webs are strong like the women in the study. Each filament could be monochromatic as the colors chosen by some of the participants, or multicolor. Each filament, irrespective of color, becomes part of interconnecting webs. However, like the Puerto Rican women in this study, their dream webs do not form a unified web because the moment a filament is anchored in an affective state in the body, the web creates a new configuration that is not necessarily the same as before. A dream silhouette could be experienced as heavy, but it does not necessarily become fixed. The silhouette can be experienced empathically, but the outcome is not predictable. There is no prediction, since the webs are not linear. Through this nonfixed way of looking at images, what may have been isolated and fixed, such as the image of a traumatic event, can find new reconfiguration within the dreamwork, as filaments stretch across the border of the past into the ever-forming present, offering new possibility for what is. Because the sensations that accompany the affective states are stored in the body, participants of embodied dreamwork, like spiders, can send out new filaments, venture into new beginnings by experiencing the new configurations that may free the frozen past, and bridge it into a budding now.

Embodied dreamwork beckons one to experience the multiplicities of being fully human, to feel sadness, loss, fear, anger and disgust along with joy, clarity, calmness, and pleasure. As in mindfulness meditation, the person is invited to observe intently. In embodied dreamwork, the focus is on the image and bodily awareness. The person becomes more familiar or at ease with uncertainty and ambiguities. By holding multiple affective states together, the person loses one-sidedness in favor of an array of

possibilities. If the person appreciates this ambiguous multiplicity of interconnecting webs, she can, through embodied dreamwork, reach and create new filaments, and experience potentially new ways of being in and for herself and in relationships with others. That is, the possibility exists for less somatization, more empathy towards oneself and others, and perhaps for developing better negotiating skills in the sociopolitical sphere.

CHAPTER 5

DISCUSSION

Summary of the Study

This research was undertaken to bridge the gap that exists in the literature regarding both embodied dreamwork and ethnic-specific dreamwork with Puerto Ricans. A thorough investigation revealed only two studies on dreams and Latino populations (Maduro, 1976, 1982) and one on Puerto Rican interpretation of nightmares (Jacobson, 2009). A single article was found on embodied dreamwork (Bosnak & Fischer, 2000), and no literature was found on embodied dreamwork with Puerto Ricans or Latinos. Through the lived experience of eight chronically ill, Puerto Rican women who have low socioeconomic status and live in Boston, this study investigated how these women experienced the phenomenon of embodied dreamwork, given their cultural beliefs about dreams, the impact of moving between the island and the mainland—and crossing borders between states—as well as between the hypnagogic states of wakefulness and sleep.

Research Questions

The overarching research question for this study was how do eight chronically ill, low-socioeconomic-status Puerto Rican women living in Boston (the borderland) experience the phenomenon of embodied dreamwork in a hypnagogic state, a state between sleep and wakefulness? The intent was to understand each participant's experience of embodied dreamwork and gain a deeper understanding of the phenomenon. The research question helped to explore: (a) how embodied dreamwork facilitates staying conscious of bodily sensations, (b) how these Puerto Rican women interpret their

objective reality via embodied dreamwork, (c) how culture impacts dreamwork for these women, and (d) what nonverbal images arise/remain after dreamwork.

The literature in four major areas was reviewed and organized: (a) dreams and culture; (b) summary of dream theories of Jung and Freud; (c) new paradigm, embodied dreamwork; and (d) Latina feminist theorists and “borderland” writers.

Consequently, the appropriateness of the method used, an explanation of how the data were collected, and how the data were analyzed was presented. A phenomenological qualitative approach was applied to understand the phenomenon of embodied dreamwork as the lived experience of the women in the study. I used a phenomenological design explicated by Moustakas (1994) to analyze the data. The design permitted the participants’ own words to be used to interpret the phenomenon. The design allowed each woman’s story to emerge, providing rich and thick descriptions that portray the essence (Berg, 2007; Creswell, 1998; Husserl, 1931; Moustakas, 1994) of the phenomenon.

The experience of embodied dreamwork for each participant was analyzed through phenomenological reduction. All interviews were analyzed through horizontalization. Using this process every statement was given equal value. The horizons were observed across all participants’ experience as well as within each participant’s data (Creswell, 1998; Moustakas, 1994).

The results illustrated the 10 themes that emerged: (a) sense of place—environment, surroundings, spatiality; (b) the players—self, others; (c) plot; (d) in the sea of emotions—naming affective states; (e) the body speaks—somatic experience; (f) complexity—multiple affective states; (g) making meaning (*atando cabos*); (h) visual

expressions; (i) self disclosures—*desahogo* (unburdening); and (j) cultural beliefs—*de allá para acá* (from there to here). Individual textural descriptions for each participant and a collective textural description for the group of participants were written. A textural-structural composite for the group as whole (Moustakas, 1994) was also presented. I offered a poem as an imaginative variation of the phenomenon. Additionally, I included a creative synthesis of the phenomenon using an imaginative process.

Discussion

This qualitative phenomenological study explored the phenomenon of embodied dreamwork as experienced by eight low-socioeconomic-status, chronically ill Puerto Rican women living in Boston, in an effort to determine what characteristics the women used to describe the phenomenon, how the women stayed aware of their bodies, how they made sense of the experience, how their culture influenced them, and what images remained after the dreamwork. Although all the women were Puerto Rican and lived in Boston with limited economic resources, and all had serious illnesses, each woman experienced the phenomenon of embodied dreamwork in a unique way. At the same time there were similarities in how they experienced the phenomenon. For instance, all experienced body sensations, although not all experienced the ability to hold more than two affective states together. Nonetheless, I will now discuss how the literature and research used to frame this study differ from or support my findings, readdressing the five study questions.

Question 1. How do eight chronically ill, low-socioeconomic-status Puerto Rican women living in Boston (the borderland) experience the phenomenon of embodied dreamwork in a hypnagogic state, a state between sleep and wakefulness?

Each participant experienced the dreamwork in her unique dream landscape, with people, story line, and associated emotionality. Nevertheless, there were similarities among the participants' experiences. Most of the participants of this study described their experience of embodied dreamwork as a vivid experience, like "being there." These findings are congruent with a study done by Bosnak and Fischer (2000), which showed that when a dreamer is guided to experience the dream in the present, the experience is intensified. Participants enhanced their images by focusing and noticing details, such as shape, color, texture, movements, and smells. Sometimes, unexpected awareness resulted. For example, one participant was shocked to see the deformity of a family member who does not have deformity in waking life, while another was surprised to see a horrific item turn into something softer. This supports the literature that dream images are "fathomless" (Hillman, 1979, p. 200), can be "enriched by details" (Jung, 1997, p. 145), and sometimes unintentional material seeps out, as in *pentimento* (Gentleman Byers & Forinash, 2004, p. ix).

Participants experienced embodied dreamwork as a communication among different characters. The dream characters were either close to the ego-self or distant or dystonic. This is consistent with Hillman's (1975) work on the "polytheistic" psyche (p. 30), which showed that there are many perspectives within the human psyche, and that a sole focus on one perspective can be limiting and rigid. The participants' dream images evoked multiple sensations, emotions, and perspectives. The interactions with the non-

ego viewpoint were experienced by the participants as unexpected, or remarkable. These statements support findings in the complexity theory literature (Miller, 1999), which showed that a “change centers on destabilizing or loosening” rigid connections. It can be inferred that this destabilization loosened the hold of preconceived assumptions. Similarly stated by Anzaldua’s (1997) concept of the *new mestiza*, is flexible and does not adhere to polarities. Additionally, the findings give credence to Bosnak (2007) proposal that by relating to multiple perspectives, there is an increase in complexity, which can create a more “elastic” (p. 16) more malleable system.

All participants felt embodied during the dreamwork. However, it was clear during the dreamwork that the participants needed to be coached and supported as they struggled to find words to describe their somatic experiences. Studies showed that psychic suffering is easier to describe than mental pain, which is “deprived of sense” (Fleming, 2006, p. 198). The findings are congruent with observations made by Lane (2008), which showed that to be able to understand complexity in the experience of self and in others, emotional awareness is required. The participants expressed physiological changes such as temperature, trembling, widening of the eyes in fear, a sense of elation, and crying with relief. These findings are compatible with the embodiment literature of Merleau-Ponty (1962) and Whitehouse (1995), as well as Azaldua’s (1997) perspective that transformation “must arise from the human body” (p. 75).

The physical awareness occurred when participants focused on a particular image with its associated affective states, or when they held two or more affective states together. This mind-body connection resonates with Damasio’s (1994) neuroscience research on somatic states. It can be inferred that consistent with the “emergent” (Cuff,

2007, Kauffman, 1995) phenomenon in complexity theory, when the participants held affective states together, this gave rise to new interrelationships with dream characters, thereby making new relationships possibilities. Furthermore, as new possibilities emerged in the system, as with the heightened awareness that occurred while holding these affective states together, a disequilibrium occurred that led to action.

One of the most interesting findings in the study was that participants allowed themselves to disclose sensitive information during the interview/dreamwork. The dreamworker/interviewer, as part of the complex system, listened empathically to the stories of the turbulent lives and dreams that the women in the study articulated. During the embodied dreamwork, the participants became vulnerable. It can be inferred that the intimacy created in the telling of the dream, a very personal event, and the empathy from the researcher, generated trust. In turn, the trust gave the women the courage to take further risk to disclose more information. The dreamwork may also have provided a space for the women to feel valued, because the dreams, which they owned, were valued, and this provided a sense of equality in the relationship. This is consistent with the study carried out by Martinez (2002) on low income Puerto Ricans who gained a different understanding of their illness, once they understood better the social underpinnings and power sharing in therapy. The participants in this study expressed that embodied dreamwork was therapeutic, provided relief, and was enlivening. The changes that took place were unique to the individual and were unexpected. Congruent with the thesis that this work relates to a complex nonlinear system, embodied dreamwork is unpredictable (Kauffman, 1995; Miller, 1999). The dreamworker cannot know the result of the dreamwork beforehand.

Participants reflected on their wakeful lives and made connections or gained insight, and some ultimately gained agency. Analogous to research by Piers (2005), in a dynamic system, when one part of the system changes so do other parts of the system, because they are interrelated. That is, agency became possible. This finding has important implications particularly for treating trauma, and, in the case of Puerto Ricans, for those exhibiting *ataque de nervios*, because embodied dreamwork may reprogram a person that has learned to dissociate in order to move away from painful and disgusting feelings to one that learns to incarnate and reconnect to what the participants in the study labeled as “energizing.” The study also supports Laitinen, Ettorre, and Sutton’s (2007) research, which found that engaging in creative activities such as sports, writing, and exercise can be used as agents for change, and the finding of Vasquez (2002) that exercise could be used to help Latinas with self esteem. Additionally, the findings support the previous research on the usefulness of dreamwork in treating clients (as with trauma) who have difficulty accessing their feelings (Fleming, 2006; Reiner, 2004; Valli et al., 2006).

In summary, the experience of embodied dreamwork for the participants in the study included a vivid reliving of their dreams. The images were amplified by constantly focusing on details. The dream images evoked bodily sensations, laden with affective states. The dreamers had interactions with ego-sympathetic and ego-alien characters. When they were able to experience from the perspective of the unfamiliar character, the dreamers could empathize with, or were informed by, the ego-dystonic character. Rigidly held ideas, such as racism, were softened and revised.

The new information gained from the embodied dreamwork opened the possibility for new connections, and for appreciating uncertainty in life. This is consistent with feminist borderland writer Anzaldua (1987) and Ortega (2001) who suggested the *new mestiza* does not hold rigid boundaries. It also supports the proposition of Latina feminist writer Lugones (2006) that states that it is in the liminal space, such as that of the hypnagogic state of dreamwork, where “complex communication” (p. 84) take place. Furthermore, the experience of the participants supports Santiago’s (1993) position that Puerto Ricans and other immigrants have to negotiate to live in two worlds and, at times, negotiating the sociopolitical environment can be as complex as that depicted by Troyano (1997) in *Milk of Amnesia*.

Question 2. How does embodied dreamwork facilitate staying conscious of bodily sensations?

The participants became conscious of their bodies by focusing on the image. That is, they amplified their dream images until the images were experienced sensorially. Through open-ended questions, the participants enhanced the textures, colors, and smells in their dream surroundings. It was essential for the participants to keep their attention on the dream images and what they were experiencing during the dreamwork process. For instance, the description that each participant gave of their dream image, engaged them with that image in the present. For example, one participant said, “I am sitting in a couch.” The, color, shape, and texture of the couch were focused on until the couch was imagined in full detail (“it is a comfortable couch”). This holistic exploration encompassed the mind, through describing attributes of the couch, and the body, by experientially localizing the feeling of the comfortable couch. All participants reported

sensory experiences associated with the dream images when asked open-ended questions. This awareness of body sensations deepened when the participants could locate the physical position of the affective state.

The intimate connection between the mind and body is consistent with the nondual ontology presented by Merleau-Ponty (1962), Damasio (1994) with research in neuroscience, and by the dance/movement therapist Mary Whitehouse (1995).

All participants reported physical awareness accompanying the affective states. For the majority of the participants, feeling relief was experienced in the chest, and fear was expressed as shakiness in the hands, the entire body, or shivers. This is consistent with literature positing a multidirectional flow of information from and to the environment, body, and mind (Williams & Bargh, 2008). For example, the environmental input of questions by the researcher, about details of an image, resulted in wide eyes (a physical body state) and the participant becoming aware of her fear (mental state) associated with having seizures (a physical state) in daily life (environment). From the data of subjective experience of these women, one can surmise the affective state to have become imprinted into body awareness, analogous to the way actors can image the characters with their bodies (Lipsky, 2008; Zinder, 2007).

By describing the details and staying with the image, the participants expanded their awareness from a narrow single viewpoint. Awareness of internal and external events is facilitated through focusing of the mind in a manner similar to mindfulness meditation. The efficacy of such a focus has been documented in a mindfulness meditation meta-analysis (Grossman, Niemann, Schmidt, & Walach, 2004).

Question 3. How do these Puerto Rican women interpret their objective reality via embodied dreamwork?

All the participants were able to connect their objective reality via their embodied dreamwork. The objective reality of these women was complex, weighed down by poverty, homelessness, trauma, addiction, depression, anxiety, and chronic illness such as AIDS, diabetes, and heart disease. By making associations between the dream content and their daily lives, the participants came to novel understandings of their lives. The participants interpreted their reality through the new awareness created during the embodiment of familiar and unfamiliar characters and through holding different affective states simultaneously.

Most of the participants were under a great deal of pressure and in an abysmal economic situation. Consistent with Santiago's (1993) description of Puerto Rican women, participants who lived in poverty also had experience domestic violence. Two participants were homeless, living in shelters, waiting to hear about alternate living arrangements and negotiating child custody. Their experience was, unfortunately, consistent with research findings on the psychological implications of poverty among Puerto Ricans. Homelessness often results in separation from social supports and from children. Homeless women are at particular risk of having to face violence alone, with devastating psychological consequences (Martinez, 2002).

Seven of the participants in the study collected government disability payments. Most of the participants suffered from depression or anxiety. In some cases, the psychological illnesses were soothed by drugs, other times by family, and sometimes by support groups. Researchers (Bratter & Eschbach, 2005; Escalante, del Rincon, &

Mulrow, 2000; Lopez & Stanton-Salazar, 2001) have indicated that Puerto Ricans have high risk of mental distress, as well as high prevalence of depression, anxiety, and substance abuse (Alegria et al., 2008; Comas-Dias, 1987). The participants' stories and dreams exemplified how they somatized their symptoms and revealed the cultural-specific construct *ataque de nervios* that is related to fear and anxiety (Hinton et al., 2008).

The participants in the study who had moved from Puerto Rico to the mainland expressed that their migration "*no ha sido fácil*," (had not been easy). This is reminiscent of Troyano's (1994) play *Milk of Amnesia*, when the main character uses the refrain *no es fácil* (it's not easy) to underscore the difficulties she has had adapting to mainstream culture. The socioeconomic difficulties are pointed out by Perez (2004). The participants who had moved from state to state and from island to mainland expressed mild to severe adjustments due to dislocation. This is supported in the literature by Acosta-Belen and Santiago (2006). On the other hand, some participants were ambivalent about returning to Puerto Rico; many had HIV and were concerned about prejudiced attitudes. Stigmatization toward people with HIV in Puerto Rico has been reported by Vargas-Diaz, Serrano-Garcia and Toro-Alfonso (2005). Participants with HIV living on the mainland felt supported by the local AIDS community organization, which had Spanish-speaking personnel. It has been reported that for some women, despite the difficulties, the shift from island to mainland may be beneficial (Grundler, 1999). During embodied dreamwork, participants articulated their dilemma of feeling displaced in both worlds while living with a chronic illness.

In their daily lives, the women in this study constantly negotiated for their health, home or homelessness, power relationships, and poverty. At the same time, some participants indicated they needed to find a voice. This experience, of feeling unheard and invisible, is consistent with the literature (Alicia, 1997). The dreamwork became a venue for the women to make connections to their social, economic, and health issues.

The dreamwork offered a safe environment to revisit trauma without being re-traumatized, a place, not only to voice, but also to gain insight about the helplessness that sometimes accompanies trauma. The objective reality of poverty, homelessness, violence, and illness was shared during the embodied dreamwork. The influence of these realities manifested throughout the dreamwork. The women in the study made associations between the dream images and their wakeful lives, including their connection to the feminine, sexual abuse, their economic condition, and illnesses and somatizations such as the *ataque de nervios*. It is worth noting that *ataque de nervios* has been described in the literature as a form of somatization (Guarnaccia et al., 2003; Guarnaccia et al., 1996). Thus, women in the study experienced their objective realities via the embodied dreamwork through the dream content, their cultural beliefs, associations they made to their daily lives, and by the embodiment of affective states that allowed them to experience an alternative to the status quo.

Question 4. How does culture impact dreamwork for the participants?

How the participants interpreted their dreams was affected by their cultural beliefs. The participants in this study shared their cultural beliefs about dreams. Consistent with the literature that shows that perceptions about the meanings of dreams varies with culture (Hoffman, 2004; Greenleaf, 1973). All the women in the study related their

cultural beliefs about dreams through an oral tradition transmitted via the feminine, that is, grandmother, mother, or aunt. Murphy (2004) also found this matrilineal connection with the Puerto Rican women in her study. Moreover, previous research (Jimenez de Wagenheim, 1973) described how the Taino Indian influence has survived through the oral feminine tradition. The women in the study remarked that they shared their dreams with their mothers, sisters, aunts, or grandmothers, especially if they had dreamt of that relative. This social sharing of dreams has been previously researched (Lippman, 2008) as a way to preserve oral tradition and as a way of sharing intense emotionality with those in their immediate circle (Curci & Rimé, 2008; Jacobson, 2009).

Participants' cultural beliefs about dreams were consistent with Yoruba interpretation of dreams as opposite symbols and foreshadowing events (Fanilola, 1997; Jacobson, 2009). Most of the participants believed their dreams would come true, were visions of the future, were visitations of dead relatives, or were revelations. This mixture of spiritual and folkloric interpretation supports Jacobson's (2009) findings that Puerto Ricans' interpretation of nightmares were influenced by their "folk-Catholic" (p. 287) and "supernaturalist" (p. 266) beliefs. The findings are consistent with previous work by Prorock (2000) on *espiritismo*, a healing that uses Catholic saints as well as African deities.

Additionally, the findings of this study are consistent with root beliefs found in the island of Dominica, where dreams have been found to be influenced by colonizers, African slaves, and indigenous inhabitants (George-Joseph, 2008). Although the women in this study had not all lived in Puerto Rico, the findings are congruent with previous

research that part of the ego journeys to make contact with “symbolic origins” (Maduro, 1982, p. 153).

Question 5. What do participants say about the images they drew after dreamwork?

Art-making at the end of the dreamwork provided a nonverbal means for the participants to express the residue of the dreamwork experience. The product served to illustrate in pictorial form what the participants felt and as a springboard for continued conversation about how the experience had been for the participants. The images enriched the dialogue about the experience, removing the participants to a nonverbal experience of the dreamwork, followed by verbalization. Each of the participants drew a unique representation of her experience. Some of the drawings reflected the dream content, while others expanded to include flower motifs and abstract expressions. All participants titled or spoke about their art. In this way, the art was used to process the experience of embodied dreamwork. Art as process has been widely documented in the expressive therapy literature. The findings support Piercy and Benson (2005) who use art as data to enhance qualitative research. The process served to reflect upon the phenomenon of dreamwork. The artwork generated more questions and, in some cases, more disclosure. As suggested by Rubin (2005) some of the participants chose to give their artwork a title that reflected what they thought of the experience of embodied dreamwork. Unlike the participants in Heller’s (2007) study on exile, who engaged in multiple sessions of art-making to integrate their lives, the women in this study used art as process to communicate more about the dreamwork. In this manner, the participants

integrated their fragmentation by using their dream images and connecting them to their daily lives.

Conclusions

Implications of findings. The primary goal of the study was to better understand how this specific population of Puerto Rican women experienced embodied dreamwork and to bridge the chasm in the literature regarding embodied dreamwork. This study extended the literature by focusing on an ethnic-specific group, Puerto Rican, that had not received any attention in the study of dreamwork. The study also centered on an understudied phenomenon, embodied dreamwork. Additionally, the study was focused on the meaning the women in the study made of their experience, thus giving voice to their subjective experience.

Another goal of this study was to make the findings available to researchers, health providers, and educators. It can be concluded from the review of the literature, the in-depth interviews with the participants, the nonverbal observations, and the participants' descriptions of their artwork, that embodied dreamwork allowed them to: (a) have a vivid experience of their dream in an "as if" state, (b) remain focused on the here and now by becoming aware of the body sensations connected to affective states, (c) relate to multiple dissonant and harmonious parts of oneself, (d) disclose, (e) live with the ambiguities of being human and not narrow life to polarities. By being more aware of these ambiguities, these women may be less reactive to external cues. One can also surmise that embodied dreamwork (as other expressive arts therapies) may have applications in the treatment of *ataque de nervios*, anxiety, depression, bereavement, and, as suggested in previous literature (Bosnak, 2007), to metabolizing trauma.

Furthermore, embodied dreamwork, as expressive therapy, is grounded in the mind-body connection. It is through this nondual connection that embodied dreamwork facilitates for the dreamer the process of meaning of the affective state provoked by dream images and that dreamwork promotes a way of being (present in the body), which includes making choices about behaviors and not getting stuck on old ideas or extremes such as failure. Embodied dreamwork creates space in the hypnagogic state that is not transcendent but is rooted in the body and the imagination. Dreamers reawaken into their dream environment and begin to interact with the characters in the dream. Dreamwork can enhance intimacy and reduce blame. Dreamers can experience one pair of opposite, as well as various simultaneous opposite, affective states. Dreams are like a metaphor in poetry: they are ephemeral, and yet, dreamwork shows that there are limitless possibilities of observing, describing, and developing the dream characters until they are vivid. This vividness is not less than that of a drama therapist who elicits roles as personality. Holding the multiple affective states is like a spider connecting its web to various points. The web remains a web with multiple threads and points of intersection, making it ever changing and never the same.

Embodied dreamwork supports a mind-body connection such as with music, art, dance, drama, and theater. Embodied dreamwork weaves together contradictions and allows ambiguity. Embodied dreamwork, similar to music, art, drama, theater, poetry, and dance/movement therapies, engages the client therapeutically in a safe way to explore chaos (Kossak, 2007). Similar to these expressive-arts modalities, dreamwork invites the dreamer to take risks by holding uncomfortable affective states and to walk into the dream environment with its familiar and alien characters and plots, leading to an

unstable condition. Additionally, as other expressive therapies, embodied dreamwork can produce shifts in emotional awareness that may lead to personal agency. It is important to note that in embodied dreamwork, as in other modalities of expressive-arts therapies, the dreamer's ambivalence is held and the dreamer's autonomy supported. Unfortunately, dreamwork is seldom offered as a course in the clinical setting or expressive-arts therapies training. It is the hope of this researcher to inspire educators to include embodied dreamwork in their course offerings.

Limitations of the study. Although measures were taken to ensure trustworthiness, dependability, credibility, and transferability (Lincoln & Guba, 1985), there may have been bias because the data collected were reported by the participants. Creswell (1998) suggests that qualitative research has inherent limitations. I spent time with the participants to establish trust and rapport as evidenced by the nature of their disclosures. However, it is possible that the participants may have withheld information they did not wish to share about the personal details of how they experienced embodied dreamwork.

During the entire duration of this phenomenological research, I bracketed my assumptions about embodied dreamwork (Creswell, 1998; Kvale, 1996; Moustakas, 1994). The study was limited to eight Puerto Rican women ages 38 to 51 who were chronically ill, of low socioeconomic status, and living in a specific geographic region, Boston. The experience of embodied dreamwork was valid for this group of women only. The sample and the scope of the study limit the ability to generalize the findings to a broader population. However, the study can be used to inform theory. The study was

age specific and did not purposefully identify participants of different social backgrounds, education, and geographic region. These factors could have limited the study.

Recommendations for further research. This study attempted to bridge the existing deficiency in the literature about embodied dreamwork, and the use of embodied dreamwork with Latino populations. Further research would provide additional support, as this study did not categorize participants according to various Latino subgroups, nor did it take into account economic background, race, or education. The study was limited to Puerto Rican women, between ages 38 and 51, living in Boston, of low socioeconomic status and with serious illnesses. Conducting more in-depth interviews could result in gathering more data that might provide more information about this population.

Replicating this study in a group environment may yield interesting data that could be compared to the way individual participants experience embodied dreamwork.

Including participants from various economic backgrounds, different age groups, as well as different parts of the United States could give greater breadth. Collecting data across different Latino subgroups could contribute to understanding the phenomenon for specific subgroups of Latinos. Moreover, research with men's experiences of embodied dreamwork is recommended as this would permit a comparison to women's experiences of the phenomenon. Additionally, research could be focused on other minority groups and the results compared with the findings of this study. This could offer interesting insights into cultural beliefs about dreams and the ways diverse groups experience embodied dreamwork and make meaning of the experience.

Finally, the sample data could be used to pilot quantitative studies similar to those that have been carried out with mindfulness meditation. Research could focus on

measuring depression using scales, such as the Beck Depression Inventory (BDI), before and after several sessions of dreamwork. Another quantitative study could use emotional awareness scale (LEAS) before and after several sessions of dreamwork for those suffering with *ataque de nervios*. Lane (2008) suggests that the more emotionally aware a person is, the more able the person is to value complexity and to be empathic.

Conclusion. This study began with my desire to understand the phenomenon of embodied dreamwork from the multiple perspectives of Puerto Rican women. My interest was on the lived experience of these women given their cultural beliefs, their migratory pattern, and gendered experience.

This interest grew out of my own personal experience being Latina, doing dreamwork with various populations, and participating in an ongoing dreamwork group. I had seen how individuals transformed after engaging in dreamwork, but because this technique is new, research on the topic was limited, particularly with regard to ethnic-specific embodied dreamwork.

Although each woman had a unique experience of the phenomenon of embodied dreamwork—for example, one participant did not share cultural beliefs about dreams—there were similarities among the experiences.

These similarities were captured as ten emergent themes: (a) sense of place—environment, surroundings, spatiality; (b) the players—self, others; (c) plot; (d) in the sea of emotions—naming affective states; (e) the body speaks—somatic experience; (f) complexity—multiple affective states; (g) making meaning (*atando cabos*); (h) visual expressions; (i) self disclosures—*desahogo* (unburdening); and (j) cultural beliefs—*de*

allá para acá (from there to here). These themes were discussed by answering the research questions.

APPENDIX A

INVITATION TO PARTICIPATE IN STUDY



29 Everett St., Cambridge, MA 02138

Are you a female **bi-lingual Puerto Rican**? Are you **between the ages of 40 and 60**? Are you **interested in dreams** and what they mean?

You are invited to participate in an embodied dreamwork study. Embodied dreamwork is a way of working with dreams that uses questions to anchor feelings arising from the dreams into the body and to get meaning from amplifying the dream images. For instance, a question may be, “what color jacket are you wearing in the dream?” If you decide to participate you will be given more information.

The total commitment time will be 1.5 to 2 hours for dreamwork and 1/2 hour for post interview (at a later time). All work will be confidential and will take place in a secure place. You will receive \$50.00 compensation for your participation.

Please contact Lourdes Brache-Tabar at lourdesbrache@gmail.com or cell phone (607) 342-2088.

Lourdes Brache-Tabar, LMHC is a Lesley University PhD Candidate.

APPENDIX B

INFORMED CONSENT



29 Everett St., Cambridge, MA 02138

You are invited to participate in the research project titled “Embodied Dreamwork of Puerto Rican Women.” The intent of this research is to “Share the lived experience of bilingual middle age Latina females with embodied dreamwork technique.” This study may give other Latinas a perspective on how they can use their dreams.

Your participation will entail an interview lasting 1.5 – 2 hours. You will be invited to tell a recent dream (prior 1-2 weeks) and engage in an embodied dreamwork technique that re-experiences the dream as if it were happening at the moment. The dreamwork uses questions to amplify the images, for instance, “what color is the jacket the dream person is wearing?” The interview and dreamwork will be audiotaped. You will be asked to draw an image at the end of the dreamwork. After the interview is transcribed, you will be invited to meet with me again for half an hour, either in person or over the phone, so we can discuss and clarify what was learned from you and give you a chance to ask any questions you might have.

In addition

- Former knowledge about dreamwork or drawing is not necessary.
- You are free to choose not to participate in the research and to discontinue your participation in the research at any time.
- Identifying details will be kept confidential by the researcher. Data collected will be coded with a pseudonym, the participant’s identity will never be revealed by the researcher, and only the researcher will have access to the data collected.
- Any and all of your questions will be answered at any time and you are free to consult with anyone (i.e., friend, family) about your decision to participate in the research and/or to discontinue your participation.
- Participation in this research may pose some emotional reaction, either positive or negative from the dream images and from your association to life experience. It is important that you report to the researcher any life-threatening illness, past psychiatric conditions, and medications, as these may alter the dreams. The probability and magnitude of harm or discomfort anticipated in the research are no greater in and of themselves than those ordinarily encountered in daily life.
- If any problem in connection to the research arises, you can contact the researcher, Lourdes Brache-Tabar at (607) 342-2088, and by email at lourdesbrache@gmail.com or Lesley University sponsoring faculty Dr. Robyn Flaum Cruz at (412) 401-1274.
- The researcher may present the outcomes of this study for academic purposes (i.e., articles, teaching, conference presentations, supervision etc.)

My agreement to participate has been given of my own free will and that I understand all of the stated above. In addition, I will receive a copy of this consent form.

APPENDIX C

CONSENT TO USE AND/OR DISPLAY ART



29 Everett St., Cambridge, MA 02138

CONSENT BETWEEN: Lourdes Brache-Tabar and _____.

Expressive Arts Therapy Doctoral Student

Artist/Participant's Name

I, _____, agree to allow Lourdes Brache-Tabar

Artist/participant's name

Expressive Arts Therapy Doctoral Student

to use and/or display and/or photograph my artwork, for the following purpose(s):

- ☐ Reproduction and/or inclusion within the research currently being completed by the expressive arts therapy doctoral student.
- ☐ Reproduction and/or presentation at a professional conference.
- ☐ Reproduction, presentation, and/or inclusion within academic assignments including but not limited to a doctoral work, currently being completed by the expressive arts therapy doctoral student.

It is my understanding that neither my name, nor any identifying information will be revealed in any presentation or display of my artwork, unless waived below.

☐ I DO ☐ I DO NOT wish to remain anonymous.

This consent to use or display my artwork may be revoked by me at any time. I also understand I'll receive a copy of this consent form for my personal records.

Signed _____ Date _____

I, Lourdes Brache-Tabar agree to the following conditions in connection with the use of artwork:**Expressive Arts Therapy Doctoral Student**

I agree to keep your artwork safe, whether an original or reproduction, to the best of my ability and to notify you immediately of any loss or damage while your art is in my possession. I agree to return your artwork immediately if you decide to withdraw your consent at any time. I agree to safeguard your confidentiality.

Signed _____ Date _____

Expressive Arts Therapy Doctoral Student

Contact: Lourdes Brache-Tabar, LMHC, Lesley University

APPENDIX D

RECEIPT FOR COMPENSATION



29 Everett St., Cambridge, MA 02138

Doctoral Research Receipt**Name:** _____

received \$50.00 compensation for
dreamwork research participation from doctoral student, Lourdes Brache-Tabar,

Signed: _____ **Date:** _____

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